

PROCEDURE 3246P (USE OF REASONABLE FORCE) - EXHIBIT A - DISTRICT INCIDENT REPORT

Keep original and scan PDF to Dana Gleaton at gheatond@bsd405.org

Write N/A when not applicable

School Name: _____

Choose one: IEP
504

Student Name: _____

Advanced Learner
Gen Ed

SCHOOL YEAR: _____

Student ID #: _____

Name of Administrator notified: _____

Time/date: _____

Name of person completing this form: _____

Time Admin. Notified: _____

<input type="checkbox"/> Physical Restraint or Physical Escort Date of incident: _____ <u>*Required - Start time of restraint/physical escort:</u> <u>*Required - End time of restraint/physical escort:</u> <p style="text-align: center;">Check only one box below</p> <input type="checkbox"/> 1+ person restraint <input type="checkbox"/> 2+ person floor restraint <input type="checkbox"/> 2+ person seated restraint <input type="checkbox"/> 2+ person standing restraint <input type="checkbox"/> 2+ person wall restraint <input type="checkbox"/> Handcuffs (by law enforcement) <input type="checkbox"/> Walking restraint <input type="checkbox"/> Other restraint <input type="checkbox"/> Physical escort	<input type="checkbox"/> Isolation/place of isolation Date of incident: _____ <u>*Required - Time in:</u> _____ <u>*Required - Time out:</u> _____ <p style="text-align: center;">Check only one box below</p> <input type="checkbox"/> Bus/Car/Other Vehicle <input type="checkbox"/> Classroom <input type="checkbox"/> Closet/locker room <input type="checkbox"/> Other non-classroom <input type="checkbox"/> Non-office small space <input type="checkbox"/> Designated isolation room <input type="checkbox"/> Office including nurse/counselor/main office <input type="checkbox"/> Other isolation place
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Name and position of person (s) administrating isolation or restraint (e.g., Joe Smith – Special Ed Teacher):

Description and location of activity that led to restraint or isolation - Physical space (classroom/hallway, etc.):

Name of staff notifying parent(s)/guardian(s): _____

Date & Time Parent(s)/guardian(s) were notified: _____

Parent notified by (circle one): phone in person email letter

Physical injury to student during intervention? YES NO

If yes, describe injury and medical care provided:

Physical injury to staff during intervention? YES NO

Numbers of staff injured during intervention:

*If more than one incident, please indicate which incident staff was injured:

Recommendation(s) for changing nature or amount of resources available to avoid similar incidents?

YES NO

If yes, describe recommendation(s):

***Required:** Was Safety & Security Staff Involved? Yes No

Force used

Was arrested