



Philomath School District 17J

Benton County School District No. 17J
1620 Applegate Street Philomath OR 97370 (541) 929-3169

Physical Restraint or Seclusion Incident Report

SB 963 defines: **Restraint** as “the restriction of a student’s actions or movements by holding the student or using pressure or other means.” Restraint is to be used only when the student’s behavior “imposes a reasonable risk of imminent and substantial physical or bodily injury to the student or others” and “less restrictive interventions would not be effective.”

SB 963 defines: **Seclusion** as the “involuntary confinement of a student alone in a room from which the student is physically prevented from leaving” Seclusion is to be used only when the student’s behavior “imposes a reasonable risk of imminent and serious bodily injury to the student or others; and less restrictive interventions would not be effective.”

Student Information:		
Student Name:	SSID#	Date of Birth:
School:	Grade:	Circle if applies: IEP 504 BIP/BSP ELL
Circle the combined total number of restraint and seclusion incidents this school year, including this one: 1 2 3 4 5* other: ____		<i>*Every five incidents, a team or IEP meeting (consisting of school personnel and a parent/guardian) must be held for the purpose of reviewing and revising the student’s behavior plan and ensuring the provision of any necessary behavioral support</i>

Incident Description:			
Date incident occurred:	Time Restraint began:	Time Restraint ended:	Total time of Restraint:
	Time Seclusion began:	Time Seclusion ended:	Total time of Seclusion:
Location of restraint/seclusion: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) were directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	Description of activity that prompted the use of restraint or seclusion (including activity student or other students were engaged in immediately preceding incident):	

Thorough description of efforts made to de-escalate and alternatives to physical restraint or seclusion that were attempted: *Process through- 1. Observable Student Behavior, 2. Adult Intervention, 3. Student Outcome*

<p>Type of physical restraint(s) used (<i>check all that apply</i>):</p> <p><input type="checkbox"/> CPI Seated Position</p> <p><input type="checkbox"/> CPI Standing Position/Team Control Position</p> <p><input type="checkbox"/> CPI Standing Position/Child Control</p> <p><input type="checkbox"/> Position Other: _____</p>	<p>How physical restraint or seclusion ended (<i>check all that apply</i>):</p> <p><input type="checkbox"/> Student no longer imposed a reasonable risk or imminent and substantial physical or bodily injury to self or others (restraint)</p> <p><input type="checkbox"/> Student no longer imposed a reasonable risk of imminent and serious bodily injury to the student or others (seclusion)</p> <p><input type="checkbox"/> Parent/Guardian arrived</p> <p><input type="checkbox"/> Law enforcement personnel arrived</p> <p><input type="checkbox"/> Other (<i>describe</i>):</p>
<p>Summary of student behavior during restraint or seclusion: (<i>taken from document: Monitoring Form</i>)</p>	<p>Summary of student behavior after restraint or seclusion:</p>
<p>Description of student injury and any medical/first aid care provided*:</p> <p style="text-align: center;">(*if injury occurred, complete Incident Report in addition to this report)</p>	

Staff Implementing Restraint:			
Full name and position:	Current Certification to administer restraint:	Name of approved methodology:	Description of any staff injury and any medical/first aid care provided: (<i>if injury occurred, complete incident report in addition to this report</i>)
	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> CPI <input type="checkbox"/> Other:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> CPI <input type="checkbox"/> Other:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CPI <input type="checkbox"/> Other:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> CPI <input type="checkbox"/> Other:	

*If any staff member involved with the restraint/seclusion has not trained received training, explain the reason why involved:

(Parent/Guardian and District Superintendent must receive written notification of lack of training, and the reason why involved)

Staff Monitoring Student's Status During Physical Restraint or Seclusion:

Full name and position:

Full name and position:

Full name and position:

Full name and position:

Student Witness During Physical Restraint or Seclusion:

Full name:

Full name:

Parent/Guardian Notification:

Verbal or Electronic Notification: *If restraint or seclusion **continues for more than 30 minutes' immediate notification is required.** Otherwise, notification of the incident must be provided by the end of the school day when the incident occurred.*

Name of parent/guardian contacted:

Date and time of contact

Phone # or Email:

☐ a.m

☐ p.m

Type of contact with parent/guardian:

☐ In person or phone contact

☐ Left Message

☐ Electronic notification

Programs must preserve, and may not destroy, any records related to the incident of restraint or seclusion. This includes any photographs, audio or video recordings. The records must be preserved in the original format and without any alteration.

Is there an existence of a record?

☐ Yes

☐ No

Parents must receive immediate, written notification of the existence of a record. Any photographs or audio recordings must be reviewed during the required debriefing meeting.

Name/Position of person who made contact:

Written Notification: *In addition to Verbal Notification--Written documentation must be provided within 24 hrs. of the incident. Pages 1-3 of this document fulfills this requirement.*

- ☐ Sent written documentation (within 24 hrs.) of the incident that provides:**
- ✓ Date of incident
 - ✓ Begin and End times of incident
 - ✓ Location of incident
 - ✓ Student activity that prompted incident
 - ✓ Efforts to deescalate and alternatives attempted
 - ✓ A description of the incident
 - ✓ Names of personnel involved, Description of their training status (if untrained personnel, notification includes lack of training and reason why administered without training)
 - ✓ Disclosure of any existing photo, audio or video records of the incident
 - ✓ Date/Time of Debriefing Meeting, and right to attend (*scheduled within 2 school days*)
- ** Pages 1-3 of this document fulfills this requirement**

Date and Time of Debriefing Meeting:	Location of Debriefing Meeting:
Name/Position of person who sent documentation:	Date of mailing:

This report was prepared by:

Name: _____ Position: _____ Date: _____

****Scan and Email all paperwork to: Student Services Office, Special Programs Specialist: Heather Stueve, heather.stueve@philomath.k12.or.us**



Physical Restraint or Seclusion Debriefing Meeting Report

Incident Information:		
Student Name:	SSID#:	Date of Birth:
Grade:	School:	Circle if applies: IEP 504 BIP/BSP ELL
Date of Incident:	Type of incident (<i>check all that apply</i>): <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Seclusion	Combined total number of restraint and seclusion incidents this school year, including this one: 1 2 3 4 5* other: _____ <i>*Every five incidents, a team or IEP meeting (consisting of school personnel and a parent/guardian) must be held for the purpose of reviewing and revising the student's behavior plan and ensuring the provision of any necessary behavioral support</i>

Date of Debriefing:	Time and Location of Debriefing:
<p>Debriefing Notes:</p> <p><i>Orient to the facts, look for patterns of student behaviors and lagging skills, investigate ways to strengthen student skill set and staff responses, give encouragement and support (attach additional notes if needed).</i></p>	

--

Further Action(s) to be taken:			
Signature of attendance:	Position:	Signature of attendance:	Position:
This document can serve as copy of the debriefing notes to be given to Parent/Guardian Scan and Email all paperwork to: Student Services Office, Special Programs Specialist: Heather Stueve, heather.stueve@philomath.k12.or.us			

**** Continue to next page if continuous monitoring is required



Philomath School District 17J

Benton County School District No. 17J
1620 Applegate Street Philomath OR 97370 (541) 929-3169

Continuous Monitoring Form: Continuous Monitoring by school personnel for the duration of the incident.

After 30 minutes: Administrator must provide written authorization (continuing every 15 minutes after); attempt Parent/Guardian notification (either verbally/electronically); and Student must be offered water/bathroom access (continuing every 30 minutes after). *Attaching others monitoring forms is acceptable.

Student Name:	Date:	Time Incident Began:	Time Incident Ended:
---------------	-------	----------------------	----------------------

Continuous Monitoring of Restraint or Seclusion:					
Minute	Recording of Student Behavior/ Staff Support	Minute	Recording of Student Behavior/ Staff Support	Minute	Recording of Student Behavior/ Staff Support
1		27		36	
2		28		37	
3		29		38	
4		30	<div><input type="checkbox"/> Water/Bathroom Break offered <input type="checkbox"/> Authorization for the continuation of restraint or seclusion:</div> <div>(Administer Signature) Reason for the continuation of restraint or seclusion: <i>(Fill in here)</i></div>	39	
5		40			
6		41			
7		42			
8		43			
9				44	
10				45	<div><input type="checkbox"/> Water/Bathroom Break offered <input type="checkbox"/> Authorization for the continuation of restraint or seclusion:</div>
11					
12					

13		<div>Parent/Guardian by: <input type="checkbox"/> Left Voicemail <input type="checkbox"/> Electronic Contact</div>	<div><div>_____</div><div>(Administer Signature) Reason for the continuation of restraint or seclusion: <i>(Fill in here)</i></div><div><i>If no previous ability to direct verbal contact:</i></div></div>
14			
15			
16			
17			
18			
19			
20			
21			

22		31	<div><input type="checkbox"/> Direct Verbal Contact made to: <div>_____ or _____</div><div>(Parent /Guardian name)</div><div><input type="checkbox"/> Attempt to Contact Parent/Guardian by: <input type="checkbox"/> Left Voicemail <input type="checkbox"/> Electronic Contact</div></div>
23		32	
24		33	
25		34	
26		35	

