



620 Wilcox Street
Castle Rock, Colorado 80104

STUDENT RESTRAINT INCIDENT REPORT FORM

- If a restraint is needed, school staff shall notify the Building Principal or administrator designee via email as soon as possible that same day.
- The Building Principal or administrator designee shall verbally notify the student’s guardian as soon as possible but no later than the end of the school day by phone or in person.
- Within 24 hrs of the restraint, a Student Restraint Incident Report will be filled out. It will be sent to the school administration, the student’s guardian, and to studentrestraintreports@dcsdk12.org.
- A copy will also be placed in the student’s educational record.
- Within 2 school days, the appropriate school staff, including the Building Principal or administrator designee, shall meet to review the incident and fill out the designated Restraint Debriefing Form.

Make sure to fill out every section of the report

Date of Incident:

STUDENT INFORMATION

Student Name: Last, First		School:	Grade:
Race in IC: All that apply <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other:		Gender In IC: <input type="checkbox"/> Male <input type="checkbox"/> Female	Location of Student During Restraint: <input type="checkbox"/> In Reg Ed classroom <input type="checkbox"/> In SSN classroom <input type="checkbox"/> In AN classroom <input type="checkbox"/> In Mod. Needs classroom <input type="checkbox"/> In hallway <input type="checkbox"/> In cafeteria <input type="checkbox"/> Outside <input type="checkbox"/> Off Campus <input type="checkbox"/> During Transport <input type="checkbox"/> Other:
Programming: <input type="checkbox"/> General Education <input type="checkbox"/> GE with a 504 Plan <input type="checkbox"/> Special Education <input type="checkbox"/> ELL	Special Education Programming: <input type="checkbox"/> Moderate Needs <input type="checkbox"/> AN Center Based <input type="checkbox"/> SSN Center Based <input type="checkbox"/> ASD Center Based <input type="checkbox"/> NA	Special Education Qualification(s) on IEP: Primary Disability: Secondary Disability:	

RESTRAINT INFORMATION

1st Restraint Details		
Reason for Restraint: <input type="checkbox"/> Self-injurious <input type="checkbox"/> Hurting others <input type="checkbox"/> Attempting to hurt others <input type="checkbox"/> Putting self in danger How was the student or others in serious, probable, and imminent	Time of Restraint: (if multiple holds occurred without disengagement or if staff switched out, list the time of each and then give details in Risk Behavior Information) - -	Type of Hold/s Used: If you transitioned directly from one hold to another without disengaging during one restraint, mark all the holds used. <input type="checkbox"/> 1 person Children’s Control Med Standing <input type="checkbox"/> 1 person Children’s Control High Standing <input type="checkbox"/> 1 person Children’s Control Med Seated <input type="checkbox"/> 1 person Children’s Control High Seated <input type="checkbox"/> 2 person Med Seated

<p>danger of physical bodily harm? List the specific behavior (ie. banging head, running into the road, repeatedly hitting a peer):</p>	<p>Duration of Restraint</p> <p><input type="checkbox"/> Less than 1 min</p> <p><input type="checkbox"/> 1-5 min</p> <p><input type="checkbox"/> Over 5 min</p>	<p><input type="checkbox"/> 2 person High Seated</p> <p><input type="checkbox"/> 2 person Med Standing</p> <p><input type="checkbox"/> 2 person High Standing</p> <p><input type="checkbox"/> Team Control (only if approved by district personnel)</p> <p><input type="checkbox"/> Seclusion (student alone and exit is blocked)</p> <p><input type="checkbox"/> Non-CPI Hold (Explain in Event Details)</p>
<p>2nd Restraint (If no time for additional interventions)</p>		
<p>The purpose for 2nd Restraint: Use another form if the antecedents are different from the first restraint used.</p> <p><input type="checkbox"/> The student escalated immediately after the release was implemented</p> <p><input type="checkbox"/> The student dropped to the ground, and the restraint was released but he/she became At Risk again immediately</p> <p><input type="checkbox"/> The student was able to get out of the initial restraint, so the team went into another restraint immediately</p> <p><input type="checkbox"/> Other:</p>		
<p>Reason for 2nd Restraint:</p> <p><input type="checkbox"/> Self-injurious</p> <p><input type="checkbox"/> Hurting others</p> <p><input type="checkbox"/> Attempting to hurt others</p> <p><input type="checkbox"/> Putting self in danger</p> <p>How was the student or others in serious, probable, and imminent danger of physical bodily harm? List the specific behavior (ie. banging head, running into the road, repeatedly hitting a peer):</p> <ul style="list-style-type: none"> • 	<p>Time of Restraint: (if multiple holds occurred without disengagement or if staff switched out, list the time of each and then give details in Risk Behavior Information)</p> <p style="text-align: center;">-</p> <p style="text-align: center;">-</p> <p>Duration of Restraint</p> <p><input type="checkbox"/> Less than 1min</p> <p><input type="checkbox"/> 1-5 min</p> <p><input type="checkbox"/> Over 5 min</p>	<p>Type of Hold/s Used: If you transitioned directly from one hold to another without disengaging during one restraint, mark all the holds used.</p> <p><input type="checkbox"/> 1 person Children's Control Med Standing</p> <p><input type="checkbox"/> 1 person Children's Control High Standing</p> <p><input type="checkbox"/> 1 person Children's Control Med Seated</p> <p><input type="checkbox"/> 1 person Children's Control High Seated</p> <p><input type="checkbox"/> 2 person Med Seated</p> <p><input type="checkbox"/> 2 person High Seated</p> <p><input type="checkbox"/> 2 person Med Standing</p> <p><input type="checkbox"/> 2 person High Standing</p> <p><input type="checkbox"/> Team Control (only if approved by district personnel)</p> <p><input type="checkbox"/> Seclusion (student alone and exit is blocked)</p> <p><input type="checkbox"/> Non-CPI hold (Explain in Event Details)</p>
<p>Was a 3rd Restraint needed?</p> <p><input type="checkbox"/> Yes</p>	<p>*If a third Restraint was required you will need to fill out another Restraint form to document interventions performed before entering into the third Restraint.</p>	

PRE-RESTRAINT INFORMATION

<p>Precipitating Factors/ Antecedents/Triggers/ Evocative Cues: (describe what happened before the behavior occurred-including known antecedents/triggers or other challenges that may have contributed to the escalation.)</p> <ul style="list-style-type: none"> • 	
<p>Efforts made to de-escalate the situation prior to the use of restraint:</p> <p><input type="checkbox"/> Reminded of their specific coping strategies</p> <p><input type="checkbox"/> Gave time and space</p> <p><input type="checkbox"/> Offered Fail Safe choices</p> <p><input type="checkbox"/> Offered Sensory tools</p> <p><input type="checkbox"/> Used visual reminders</p> <p><input type="checkbox"/> Tried to redirect to a preferred activity/item</p> <p><input type="checkbox"/> Used When/Then or If/Then prompt</p> <p><input type="checkbox"/> Regulation space offered</p>	<p>Describe the student's response to the de-escalation efforts:</p> <ul style="list-style-type: none"> • • • •

<input type="checkbox"/> Room /Area was Cleared <input type="checkbox"/> Safety/ Disengagement skills used for strikes and/or grabs <input type="checkbox"/> Other <input type="checkbox"/> Other	
Staff who attempted to de-escalate the student. Name, Title: Name, Title:	

TEAM INFORMATION

Team Lead during restraint	Role: Lead - making Risk Level decisions	Name, Title: •	<input type="checkbox"/> CPI Certified
Team member(s) performing the restraint (Can be the same person as the Lead)	Role: Performing Restraint	1st Restraint	
		Name, Title: • • • •	<input type="checkbox"/> CPI Certified <input type="checkbox"/> CPI Certified <input type="checkbox"/> CPI Certified <input type="checkbox"/> CPI Certified
		2nd Restraint	
		Name, Title: • • • •	<input type="checkbox"/> CPI Certified <input type="checkbox"/> CPI Certified <input type="checkbox"/> CPI Certified <input type="checkbox"/> CPI Certified
Auxiliary Team members (You may not have someone for every role, depending on the situation.)	Role: Documenter	Name, Title: •	<input type="checkbox"/> CPI Certified
	Role: Room/Area Clear or Diverting others	Name, Title: • •	<input type="checkbox"/> CPI Certified <input type="checkbox"/> CPI Certified
	Role: Other -	Name, Title: • •	<input type="checkbox"/> CPI Certified <input type="checkbox"/> CPI Certified

RISK BEHAVIOR INFORMATION

Chronological Description of the Event: Describe behaviors leading up to the risk behavior, and actions taken by staff. Use CPI vocabulary related to all the holds marked above and indicate how long each hold took place and who performed the hold. Also, indicate if you transitioned from one hold to another and who performed each hold. If a Non-CPI hold was used, explain the reasoning and give specific details of what this looked like. Also, describe how any injuries to the student or staff occurred during the restraint. Use objective factual information presented in a concise manner (e.g., through bullet points or a brief narrative)

1st Restraint Information:
2nd Restraint Information if needed:

*For any staff injury, contact your admin regarding Workmans' Comp. / Student injury notify the health office

INJURY INFORMATION (DURING THE RESTRAINT ONLY)

Did any staff member get injured* during the restraint? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of injury occurred during the restraint?	What type of medical attention was needed- please describe:
Did the student get injured* during the restraint? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of injury occurred during the restraint?	What type of medical attention was needed- please describe:

INJURY INFORMATION (DURING THE EVENT - BEFORE OR AFTER THE RESTRAINT)

Did any staff member get injured* before or after the restraint? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of injury occurred before or after the restraint?	What type of medical attention was needed- please describe:
Did the student get injured* before or after the restraint? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of injury occurred before or after the restraint?	What type of medical attention was needed- please describe:
Did another student get injured* before or after the restraint? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of injury occurred before or after the restraint?	What type of medical attention was needed- please describe:

POST-CRISIS DETAILS

When the student was no longer a safety risk, what Therapeutic Rapport strategies were provided by staff for the student?	<input type="checkbox"/> Medical needs were met <input type="checkbox"/> Water/snack was provided <input type="checkbox"/> Quiet space to decompress <input type="checkbox"/> One-on-one check-in	<input type="checkbox"/> Engaged in a preferred activity <input type="checkbox"/> Individualized debriefing <input type="checkbox"/> Other: <input type="checkbox"/> Other:
How was staff supported after the crisis?	<input type="checkbox"/> Medical needs were met <input type="checkbox"/> Time to decompress <input type="checkbox"/> Time to discuss the incident with colleagues or their supervisor	<input type="checkbox"/> Other: <input type="checkbox"/> Other:
What consequences occurred as a result of the incident?	<input type="checkbox"/> Point loss <input type="checkbox"/> Repair damage caused <input type="checkbox"/> Processing of event with MH <input type="checkbox"/> Restorative plan development <input type="checkbox"/> Safety plan developed	<input type="checkbox"/> Temporary removal from an environment <input type="checkbox"/> Other: <input type="checkbox"/> Other:

SAME-DAY RESTRAINT NOTIFICATION

Spoke to the student's guardian Date: Time:	Type of contact: <input type="checkbox"/> Phoned and spoke to an individual <input type="checkbox"/> In-person conversation <input type="checkbox"/> Phoned and left a message to call back Received a callback Date: Time:	Building principal or administrator designee who spoke to the guardian. Name, Title:
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WRITTEN RESTRAINT REPORT WITHIN 24 HOURS OF RESTRAINT

Written Report sent to Principal Date: Written Report sent to Guardian(s) Date:	Written Report sent to studentrestraintreports@dcsdk12.org Date:	The staff member who is responsible for sending the Written Report to student's guardian, admin, and studentrestraintreports@dcsdk12.org Name, Title:
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RESTRAINT DEBRIEFING MEETING

After any restraint, the School Team, along with the admin or an admin designee, must meet **within 2 school** days to debrief the incident and fill out the [Mandatory Debriefing Form](#).

The staff member who is responsible for setting up this meeting.
 Name, Title:

*Make sure all team members have access to the student's FBA and BIP or Informal Plan before coming together for the Mandatory Debriefing Meeting.

 Person/ Title Submitting Report

 Signature (typed name denotes signature)

CROSS REFS:

JKA, Use of Physical Intervention and Restraint

JKA-R, Use of Physical Intervention and Restraint