

USE OF PHYSICAL RESTRAINT AND/OR SECLUSION
DOCUMENTATION FORM
Chapter 103 Incident Report

* Required

1. Student Name *
2. Date of occurrence * *Example: January 7, 2019*
3. Start and end time of occurrence (when first signs of behavior began until the situation was over/calm) * *Example: 8:30-8:54 AM*
4. Start and end time of use of physical restraint (or N/A) *
5. Start and end time of use of seclusion (or N/A) *

Employee Names and Titles

List names of individuals and job titles in the following format: First Name, Last Name, Job Title

6. Employees names and titles who observed, were involved with or implemented physical restraint and/or seclusion during occurrence (including administrator who approved extended time if applicable) *
7. Employee's date of last training on use of physical restraint and seclusion (list staff names from above and last training date of AEA Chapter 103 online module) *

8. Describe all student and employee actions before, during and after occurrence, including verbal and physical interventions *
9. Describe the reason(s) for any of the following, if applicable: use of nonapproved restraint, use of non-designated seclusion rooms, any restraint or seclusion that lasted longer than necessary*
10. Describe any less restrictive means attempted as an alternative to physical restraint and seclusion or why those means would not be effective or feasible, or have failed *
11. Approval from administrator to continue physical restraint or seclusion past 15 minutes * *Mark only one.*
- Yes
- No
- NIA, duration of seclusion or restraint was less than 15 minutes
12. Name of Administrator Approving if past 15 minutes *
13. Time Approved (for incidents past 15 minutes) *
14. Reasons for length of incident if past 15 minutes *

15. Approval obtained from administrator to continue physical restraint or seclusion more than 30 minutes past last approval time * *Mark only one.*
- Yes
- No
- NIA, duration of seclusion or restraint was less than 30 minutes
16. Name of Administrator Approving if more than 30 minutes past last approval time *
17. Time Approved if more than 30 minutes *
18. Reasons for length of incident if more than 30 minutes *
19. If Administrator approval was not obtained at 15 minutes or every 30 minutes thereafter, or a student was not provided with breaks for bodily needs in incidents lasting longer than 15 minutes, explain why *

Parent/Guardian Notification:

Parents/Guardians will be notified as soon as practicable once the occurrence is under control, but no more than one hour after, or the end of the school day, whichever occurs first. If first attempt to reach guardian is unsuccessful, additional attempts to notify guardians must be documented.

20. 1st attempt: Employee attempting notification *
21. 1st attempt: Name of Parent/Guardian Contacted *
22. 1st attempt: Time of notification * *Example: 8:30 AM*

23. 1st attempt: Manner of Notification * *Mark only one.*

Phone Call

Email

Other:

24. 1st attempt: Was notification successful? To be successful, a guardian must confirm they received an email\voicemail\text.* *Mark only one.*

Yes Skip to question 37

No Skip to question 26

Parent/Guardian Notification attempt 2:

Document additional attempts to reach guardian if first attempt is unsuccessful, additional attempts to notify guardians must be documented.

25. 2nd attempt: Employee attempting notification

26. 2nd attempt: Name of Parent/Guardian Contacted

27. 2nd attempt: Time of notification *Example: 8:30 AM*

28. 2nd attempt: Manner of Notification *Mark only one.*

Phone Call

Email

Other:

29. 2nd attempt: Was notification successful? To be successful, a guardian must confirm they received an email\voicemail\text. *Mark only one.*

Yes Skip to question 37

No Skip to question 26

Parent/Guardian Notification attempt 3:

Document additional attempts to reach guardian if first attempt is unsuccessful, additional attempts to notify guardians must be documented.

30. 3rd attempt: Employee attempting notification

31. 3rd attempt: Name of Parent/Guardian Contacted

32. 3rd attempt: Time of notification *Example: 8:30 AM*

3rd attempt: Manner of Notification *Mark only one.*

Phone Call

Email

Other

33. 3rd attempt: Was notification successful? To be successful, a guardian must confirm they received an email\voicemail\text. (if no, list additional attempts needed) *Mark only one.*

Yes *Skip to question 37*

No *Go to question 36*

34. If no, list additional attempts made:

Additional explanations required

35. If Parent/Guardian notification requirements were not complied with, explain why. This includes, if notification was not made within one hour of the incident, or within one hour of the end of the school day (whichever occurred first) or if the parent was not able to be reached or did not confirm they received the email\voicemail\text. *

36. Describe injuries sustained or property damaged by students or employees: *

37. Describe future approaches to address student behavior including any consequences or disciplinary actions that may be imposed on the student: *

Form Review

This form has been reviewed and completed by the undersigned employee. A written copy of this form has been sent to the student's parent or guardian within three school days of the occurrence. Unless the parent or guardian agrees to receive the report by email, fax, or hand delivery, the report must be sent by mail and postmarked by the third day following the occurrence. Enclosed with a copy of this form is an invitation for the parents or guardians to participate in the debriefing meeting scheduled in accordance with the law.

38. Printed Name of Employee who reviewed and completed the form *

39. Date the form was delivered to Parent/Guardian * *Example: January 7, 2019*

40. Method of Transmittal * *Mark only one.*

- Email
- Mail
- Fax
- Parent/Guardian picked up in person

41. Name of Parent/Guardian that the documentation is transmitted to *