PRINCETON SCHOOL DISTRICT #477

RESTRICTIVE PROCEDURES PLAN

DATE OF DISTRICT PLAN: *AUGUST 17, 2011*
REVISED: *SEPTEMBER 2026*

PRINCETON
PUBLIC SCHOOLS

Table of Contents **Page**

A. Definitions 3
B. Staff Training- Requirements and Activities 4
C. Positive Behavior Interventions and Supports 7
D. Mental Health Resources 7
E. Restrictive Procedures and Seclusion 8
    a. Physical Holdings 8
    b. Seclusion 9
    c. Resonable Force 9
F. Prohibited Procedures 9
G. Documentation of Physical Holding and/or Seclusion 10
H. Documentation of Post-use Staff Debriefing Meeting 10
I. Parent Notification- Use of Restrictive Procedures 11
J. Documentation for an IEP 11
K. Building Oversight Committees 12
L. Emergency Situations- Using of Restrictive Procedures 14

Appendices

A. Restrictive Procedures Training Attendance 16
B. Restrictive Procedure Reporting Form 17
C. Staff Debriefing Meeting 19
D. Building Oversight Committee Members 20
E. Building Oversight Committee Review Form 22
F. Quarterly Summary of Use of Restrictive Procedures 24
G. Incident Report -screen shot from Sped Forms 26
H. Meeting Agenda – (Restrictive procedures used on 10 or more school days) 29
I. Meeting Agenda – (Twice in 30 days or when a pattern emerges) 30

Princeton Public Schools #477
Restrictive Procedure Plan

In accordance with Minnesota Statute 125A.0941 and 125A.0942 every school district is required to develop and make public a plan that discloses its use of restrictive procedures. The plan specifically outlines the list of restrictive procedures the school intends to use; how the school will monitor and review the use of restrictive procedures, including post use debriefings and convening an oversight committee; and a written description and documentation of the training and staff that have completed the training.

Minnesota laws encourage the use of positive behavioral supports and strategies and seek to reduce the use of physical holding and seclusion (restrictive procedures). Schools may only use restrictive procedures in response to an emergency situation where immediate intervention is needed to protect a child or other individual from physical injury.

Princeton Public Schools #477 uses restrictive procedures only in response to behavior(s) that constitutes an emergency, even if written into a child's Individual Education Plan (IEP), Individualized Family Service Plan (IFSP), Positive Behavior Support Plan (PBSP) or Behavior Intervention Plan (BIP).

A. Definitions

The following terms are defined as:

- "Emergency" means a situation where immediate intervention is needed to protect a child or other individual from physical injury. Emergency does not mean circumstances such as: a child who does not respond to a task or request and instead places his or her head on a desk or hides under a desk or table; a child who does not respond to a staff person's request unless failing to respond would result in physical injury to the child or other individual; or an emergency incident has already occurred and no threat of physical injury currently exists.

- "Physical holding" means physical intervention intended to hold a child immobile or limit a child's movement and where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a child in order to protect a child or other individual from physical injury. The term physical holding does not mean physical contact that:
    - ■ helps a child respond or complete a task;
    - ■ assists a child without restricting the child's movement;
    - ■ is needed to administer an authorized health-related service or procedure; or
    - ■ is needed to physically escort a child when the child does not resist or the child's resistance is minimal.

- "Positive behavioral interventions and supports" means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.

- "Prone restraint" means placing a child in a face down position. **Princeton Public Schools** does not use prone restraints.

- "Restrictive procedures" means the use of physical holding or seclusion in an emergency. Restrictive procedures must not be used to punish or otherwise discipline a child.

- "Seclusion" means confining a child alone in a room from which egress is barred. Egress may be barred by an adult locking or closing the door in the room or preventing the child from leaving the room. Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion.

B. Staff Training on De-Escalation -Requirements and Activities

Staff who design and use behavioral interventions, including paraprofessionals, will complete training in the use of positive approaches, de-escalation techniques as well as restrictive procedures. Training records will identify the content of the training, the organization or professional that conducted the training, attendees and training dates. Rum River Special Education Cooperative (RRSEC) #6079 will compile a list of all Crisis Prevention Institute (CPI) training and forward attendance records to the district on a quarterly basis. CPI provides attendees with de-escalation techniques. The district will maintain records of additional training provided within the district. Records of all training will be maintained at each building site.

In an effort to recognize the widespread impact of trauma, Princeton Public Schools has started to implement Ukeru. Ukeru is a crisis management technique to help reduce the use of seclusion and unnecessary restraints. The foundation is based upon a comfort rather than control stance. Rum River provides onsite trainers to help implement and oversee the use of Ukeru. Ukeru uses a mix of proactive skills, protective physical skills, and the use of pads for blocking when students are escalated. Skills are assessed annually by certified trainers.

The following employee job classifications are authorized and certified to use restrictive procedures:

- Licensed special education teacher
- School social worker
- School psychologist
- Behavior analyst certified by the National Behavior Analyst Certification Board
- A person with a master's degree in behavior analysis
- Other licensed education professional

- Highly qualified education paraprofessional
- Mental health professional

The school ensures that staff are trained to identify and appropriately address the needs of all students. Staff who may respond to emergencies are specifically trained in the following skills and knowledge areas:

1. Positive behavioral interventions;
2. Communicative intent of behaviors;
3. Relationship building;
4. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
5. De-escalation techniques;
6. Standards for using restrictive procedures only in an emergency;
7. Obtaining emergency medical assistance;
8. Physiological and psychological impact of physical holding and seclusion;
9. Monitoring and responding to a child's physical signs of distress when physical holding is being used; and
10. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used.
11. District policies and procedures for timely reporting and documenting each incident involving use of restrictive procedures; and
12. School wide programs on positive behavior strategies.

Princeton School District uses a Crisis Team model. Team members consist of the following individuals:

<u>Princeton Family Center/Early Childhood Center:</u>

- Community Education Director: Brian Julson
- Special Education Coordinator: Keith Enstad
- Behavior Analyst: Casey Ewert
- Early Childhood Coordinator: Stefanie Middendorf
- Early Childhood Special Education Teacher: Crissy McCullough
- Early Childhood Special Education Teacher: JoEllen Olson
- Early Childhood Special Education Teacher: Heather Woolley
- Early Childhood Special Education Teacher: Mikayla Garman
- Early Childhood Special Education Teacher: Jennifer Hill

- Early Childhood Special Education Teacher: Eric Plude
- Paraprofessionals

Princeton Primary School:

- Special Education Coordinator: Keith Enstad
- Behavior Analyst: Casey Ewert
- Special Education Teacher: Melinda Zachman
- Special Education Teacher: Kari Tadych
- Special Education Teacher: Kait Alain
- Special Education Teacher: Tara Leshovsky
- Special Education Teacher: Marie McAlpine
- Special Education Teacher: Cathy Jo Kiloran
- Paraprofessionals

Princeton Intermediate School

- Special Education Coordinator: Keith Enstad
- Behavior Analyst: Casey Ewert
- School Principal: Blake Karas
- Special Education Teacher: Hailey Karas
- Special Education Teacher: Alison Holubetz
- Special Education Teacher: Caitlyn Etfa
- Special Education Teacher: Laura Hallberg
- Paraprofessionals

Princeton Middle School

- Special Education Coordinator: Keith Enstad
- Behavior Analyst: Casey Ewert
- Special Education Teacher: Jody Brenteson
- Special Education Teacher: Becca Concannon
- Special Education Teacher: Erin johnson
- Teacher: John Borich
- Special Education Teacher: Joyce Geving
- Special Education Teacher: Lilly Hales
- Paraprofessionals

Princeton High School

- Special Education Coordinator: Lana Talberg
- Behavior Analyst: Casey Ewert
- Special Education Teacher: Grace Zierden
- Special Education Teacher: Shannon Wellman
- Special Education Teacher: Sara Beck
- Special Education Teacher: Chuck Gorecki
- Paraprofessionals

Princeton Tiger Club

- Community Education Director: Brian Julson
- Special Education Coordinator: Keith Enstad
- Behavior Analyst: Casey Ewert
- Community Education Coordinator: Kayla Maring
- Supervisor: Susan Wark
- Tiger Club Staff

Princeton Student Services

- Special Education Coordinator: Lana Talberg
- Behavior Analyst: Casey Ewert
- Special Education Teacher: Abby Moe
- Special Education Teacher: Cori Wallace
- Paraprofessionals

C. Positive Behavior Interventions and Supports

Positive behavioral interventions and supports are interventions and strategies to improve the school environment by teaching children the skills to prevent problem behavior, providing instruction and support for positive and prosocial behaviors, and supporting social, emotional, and behavioral needs for all students. Staff will implement a range of positive behavior strategies as a proactive approach to addressing student needs and teaching positive behavior skills by:

- establishing, defining, teaching, and practicing three to five positively stated school wide behavioral expectations that are representative of the local community and cultures;
- developing and implementing a consistent system used by all staff to provide positive feedback and acknowledgement for students who display school wide behavioral expectations;
- development and implementing a consistent and specialized support system for students who do not display behaviors representative of the schoolwide positive expectations
- developing a system to support decisions based on data related to student progress, effective implementation of behavioral practices, and screening for students requiring additional behavior supports;
- using a continuum of evidence based interventions that is integrated and aligned to support academic and behavioral success for all students; and
- using a team-based approach to support effective implementation, monitor progress, and evaluate outcomes.

D. Mental Health Resources

To obtain mental health services or a referral to a mental health service provider, families should contact their primary care clinic, physician or insurance provider. Below is a list of additional mental health resources.

Crisis Text Line offers free help for those who are having a mental health crisis or are contemplating suicide. Services are available 24/7 across Minnesota. Text “MN” to 741741

Call CRISIS (**274747) from a cell phone to talk to a team of professionals who can help you

NAMI Minnesota provides support by helping people connect with needed resources and information. An extensive list of resources was gathered to make it easier for people to locate possible sources of help as they navigate through various systems that interface with mental health. namimn.org

Lighthouse Child and Family Services-Milaca Office
160 3rd Ave NW
Milaca, MN 5653

Princeton Office
114 N. Rum River Drive
Suite 122
Princeton, MN 55371
763-389-7886

Family Based Therapy Associates
237 2nd Ave SW #117,
Cambridge, MN 55008
(763) 689-9407

Allina Hospital
701 S Dellwood St
Cambridge Medical Center
Cambridge, MN 55008
763-689-8700

E. Restrictive Procedures and Seclusion

Restrictive procedures that may be used in emergency situations include physical holding and /or seclusion. The following requirements must be met when seclusion or physical holding is used:

- The physical holding or seclusion is the least intrusive intervention that effectively responds to the emergency;
- Physical holding and seclusion will end when the threat of harm has ended and staff has determined that the student can safely return to the requested activity;
- Physical holding or seclusion in not used to discipline a noncompliant child; and
- Staff directly observes the child while physical holding or seclusion is being used.

Physical Holdings

Princeton Public Schools #477 intends to use the following types of physical holding: Procedures trained through the International Crisis Prevention Institute(CPI) including; Children's Control, Team Control Higher Level Holding (Seated Position), Higher-Level holding (Standing position) and adaptations of the classroom model as trained and monitored by qualified CPI instructors.

Seclusion

The Princeton Public Schools #477 does not use seclusion and strictly prohibits the use of seclusion on children from birth through grade 12.

Reasonable Force

Princeton Public Schools #477 will use reasonable force only when it is necessary under the circumstances to correct or restrain a student to prevent imminent bodily harm or death to the student or to another.

In accordance with MN Statute 121A.582; 609.06, subdivision 1; and 609.379 any reasonable force used which intends to hold a child immobile or limit a child's movement where body contact is the only source of physical restraint or confines a child alone in a room for which egress is barred shall be reported to the the Department of Education as a resistive procedure, including physical holding or seclusion used by an unauthorized or untrained staff person.

F. Prohibited Procedures

Princeton Public Schools #477 will never use the following prohibited procedures on a child:

1. Corporal Punishment which includes conduct involving: (a) hitting or spanking a person with or without an object; or (2) unreasonable physical force that causes bodily harm or substantial emotional harm.
2. Requiring the student to assume and maintain specified physical position, activity, or posture that induces physical pain.
3. Presenting an intense sound, light or other sensory stimuli using smell, taste, substance, or spray as punishment.
4. Denying or restricting the student's access to equipment and devices such as wheelchairs, hearing aids or communication boards that facilitate the student's functioning except when temporarily removing the equipment or device is needed to prevent injury to the student, others, or serious damage to the equipment or device, in which case the equipment or device shall be returned to the student as soon as possible.
5. Interacting with a student in a manner that constitutes sexual abuse, neglect, or physical abuse.
6. Totally or partially restricting a student's senses as punishment.
7. Withholding regularly scheduled meals or water.
8. Denying the student access to bathroom facilities.

9. Physical holding that restricts or impairs a student's ability to breathe, restricts or impairs a child's ability to communicate distress, places pressure or weight on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso.
10. Placing student in a prone restraint or placing a child in a face-down position as outlined in MN Statute section 121A.58
11. The use of seclusion on children from birth through grade 12

G. Documentation of Physical Holding

Restrictive Procedures that may be used in emergency situations include physical holding and/or seclusion. Each time physical holding or seclusion is used, the staff person who implements or oversees the physical holding or seclusion shall document, as soon as possible after the incident concludes, the following information:

- Physical holding and seclusion will end when the threat of harm has ended and staff has determined that the student can safely return to the requested activity.
- Physical holding or seclusion is not used to discipline a noncompliant child;
- Staff directly observes the child while physical holding or seclusion is being used;
- Each time physical holding or seclusion is used, the staff person who implements or oversees the physical holding or seclusion documents as soon as possible after the incident concludes, the following information:
    - A description of the incident that led to the physical holding or seclusion;
    - Why a least restrictive intervention failed or was determined by staff to be inappropriate or impractical;
    - The time the physical holding or seclusion began and the time the child was released; and
    - A brief record of the child's behavioral and physical status.
- The use of restrictive procedures in emergency situations will be documented through the use of the Restrictive Procedures Reporting Form (see Appendix E).

H. Documentation of Post-use Staff Debriefing Meeting

Each time physical holding or seclusion is used, the staff person who implemented or oversaw the physical holding or seclusion shall conduct a post-use debriefing with involved staff within 2 school days of the incident after the restrictive procedure concludes. There will be at least one staff member attending the debriefing meeting who was not involved in the incident and has knowledge of behaviors.

A copy of Restrictive Procedures Reporting Form (see Appendix E) and the Staff Debriefing Meeting form (see Appendix F) will be sent to: **Behavior Analyst, the district Principal, and case-manager (a copy placed in the student's due process file in Section 3).** The District special education department will keep a comprehensive file of all restrictive procedures forms to be used by the Building Oversight Committee (see Appendix G for list of committee members).

If the post-use debriefing meeting reveals that the use of physical holding or seclusion was not used appropriately, the Building Oversight Committee will convene immediately to ensure corrective action is taken. The Building Oversight Committee will review and evaluate the Behavior Summary and Restrictive Procedure form to determine and recommend training needs (Appendix B).

I. Parent Notification – Use of Restrictive Procedures

The Princeton Public Schools #477 shall make reasonable efforts to notify the parent on the same day when restrictive procedures are used in an emergency. If the school is unable to provide same-day notice, notice will be sent by written or electronic means or as otherwise indicated by the parent. Documentation of how the parent wants to be notified when a restrictive procedure is used may be found in the IEP or BIP/PBSP.

Building administrators will receive written notification when restrictive procedures are used in emergency situations. Records will be reviewed quarterly by the Behavior Intervention Oversight Committee (BIOC) and summarized annually and reported to MDE.

J. Documentation for an IEP

The district must hold a meeting of the individualized education program team, conduct or review a functional behavior assessment , review data, consider developing additional or revised positive behavioral interventions and supports, consider actions to reduce the use of restrictive procedures, and modify the individualized education program or behavior intervention plan as appropriate.

The district must hold the meeting within 10 calendar days after district staff use restrictive procedures on 2 separate school days within 30 calendar days or a pattern of use emerges and the child's individualized education program or behavior intervention plan does not provide for using restrictive procedures during an emergency; or at the request of a parent or the district after restrictive procedures are used (Appendix C). The district must review use of restrictive procedures at a child's annual individualized education program meeting when the child's individualized education program provides for using restrictive procedures in an emergency.

If the individualized education program team determines that existing interventions and supports are ineffective in reducing the use of restrictive procedures or the district uses restrictive procedures on a child on 10 or more school days during the same school year, the team, as appropriate, either must consult with other professionals working with the child; consult with experts in behavior analysis, mental health, communication, or autism; consult with culturally competent professionals; review existing evaluations, resources, and successful strategies; or consider whether to reevaluate the child (Appendix D).

At the individual education program meeting, the team must review any known medical or psychological reasons, including any medical information the parent provides voluntarily, that contraindicate the use of restrictive procedures, consider whether to prohibit the restrictive procedure, and document any prohibition in the individualized education program or behavior intervention plan. An individualized education program team may plan for using restrictive procedures and may include these procedures in a

child's individualized education program or behavior intervention plan; however the restrictive procedures may be used only in response to behavior that constitutes an emergency, consistent with this section. The individualized education program or behavior intervention plan shall indicate how the parent wants to be notified when a restrictive procedure is used.

Record retention will be in accordance with district policies on student records.

K. Building Oversight Committees

Schools annually must identify oversight committee members (Appendix E) who must at least include:

1. A mental health professional, school psychologist, or social worker
2. An expert in positive behavior strategies
3. A general education administrator
4. A special education administrator

The Building Oversight Committee will review the following:

- The use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of week, duration and use of restrictive procedures, the individuals involved, or other factors associated with the use of restrictive procedures;
- The number of times a restrictive procedure is used school wide and for individual children;
- The number of types of injuries, if any, resulting from the use of restrictive procedures;
- Whether restrictive procedures are used in non emergency situations;
- Whether restrictive procedures are used disproportionately with different racial and ethnic groups, disability status, or gender;
- Determine if law enforcement or SRO are being used as an intervention and establish their role in the restrictive procedure;
- The need for additional staff training; and
- Proposed actions to minimize the use of restrictive procedures.
- Reviewed the post-use debriefing that occurred as a result of the physical hold or seclusion;

Princeton Public Schools
Building Oversight Committee Members

ECSE Oversight Committee Members

- School Psychologist: Danielle Swedeen
- Expert in positive behavior strategies: Casey Ewert/Kelsie Hasser/Crissy McCullough
- General education administrator: Brian Julson
- Special education administrator: Keith Enstad

Princeton Primary School Oversight Committee Members

- School Psychologist: Chad Oblander
- Expert in positive behavior strategies: Casey Ewert/Kait Alain/Kari Tadych

- General education administrator: Shannon Bruskiewicz
- Special education administrator: Keith Enstand

Princeton Intermediate School Oversight Committee Members

- School Psychologist: Chad Oblander
- Expert in positive behavior strategies: Casey Ewert/Hailey Karas
- General education administrator: Blake Karas
- Special education administrator: Keith Enstad

Princeton Middle School Oversight Committee Members

- School Psychologist: Danielle Swedeen
- Expert in positive behavior strategies: Casey Ewert/Jody Brenteson/Becca Concannon
- General education administrator: Sarah Marxhausen
- Special education administrator: Keith Enstad

Princeton High School Oversight Committee Members

- School Psychologist: Danielle Swedeen
- Expert in positive behavior strategies: Casey Ewert/Chuck Gorecki/Sabrina Loscheider/Brett Triplett
- General education administrator: Ryan Jensen
- Special education administrator: Lana Talberg

Princeton Tiger Club Oversight Committee Members

- School Psychologist: Chad Oblander
- Expert in positive behavior strategies: Casey Ewert
- General education administrator: Brian Julson
- Special education administrator: Keith Enstad

Princeton Student Services Oversight Committee Members

- School Psychologist: Chad Oblander/Danielle Swedeen
- Expert in positive behavior strategies: Casey Ewert/Abby Moe/Roy Hanenburg
- General education administrator: Keith Enstad
- Special education administrator: Lana Talberg

The Building Intervention Oversight Committee will meet quarterly to review the data provided in the Restrictive Procedures Reporting Form (Appendix E) and the Staff Debriefing Meeting form (see Appendix F). The Committee will complete the Building Oversight Committee Review Form (see Appendix I). The Building Oversight committee will also complete the Annual Summary of Use of Restrictive Procedures form (Appendix J)

The Building Intervention Oversight Committee will review the following:

- The use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of the week, duration and use of restrictive procedures, the individuals involved, or other factors associated with the use of restrictive procedures;
- The number of times a restrictive procedure is used school wide and for individual children;
- The number of types of injuries, if any, resulting from the use of restrictive procedures;
- Whether restrictive procedures are used in non-emergency situations;
- Whether restrictive procedures are used disproportionately with different racial and ethnic groups, disability status or gender;
- Determine if law enforcement or SRL are being used as an intervention and establish their role in the restrictive procedure;
- The need for additional staff training; and
- Proposed actions to minimize the use of restrictive procedures.
- Reviewed the post-use debriefing that occurred as a result of the physical hold or seclusion.

If the post-use debriefing meeting reveals that the use of physical holding or seclusion was not used appropriately, the Building Oversight Committee will convene immediately to ensure corrective action is taken. The Building Oversight Committee will review and evaluate the Restrictive Procedures Reporting Form (see Appendix E) and the Staff Debriefing Meeting form (Appendix F) to determine and recommend training needs.

The Building Intervention Oversight Committee (BIOC) will annually compile the required restrictive procedure data and send it to the district's special education coordinator who will prepare the district's data using the form provided by MDE. The data will be sent to MDE by June 30.

Any member of the school community may raise a concern or file a complaint regarding the application of this plan.

L. Emergency Situations- Using of Restrictive Procedures

Princeton Public Schools #477 utilizes positive behavioral interventions and supports to improve the school environment. Staff will implement a range of positive behavior strategies as a proactive approach to addressing student needs and teaching positive behavior skills by:

- establishing, defining, teaching, and practicing three to five positively stated school wide behavioral expectations that are representative of the local community and cultures;

- All students attending Princeton Public Schools #477 will be systematically taught expectations throughout the building, bus/van, field trips, etc. Staff will teach the behavior matrix throughout the school year. Refresher opportunities will be provided based on behavioral data and individual student needs. Any student entering the program within the school year will receive orientation training covering critical information from the student handbook.

- developing and implementing a consistent system used by all staff to provide positive feedback and acknowledgement for students who display school wide behavioral expectations;
  - Princeton Public Schools #477 acknowledges positive student behavior in a variety of ways. School-wide rewards include student of the week/month, Tiger Paws/Honor Coupons, and weekly/monthly fun activities. Teachers implement a token economy, as well as Individualized Positive Behavior Support PLans derived from Functional Behavior Assessment (FBA).

- development and implementing a consistent and specialized support system for students who do not display behaviors representative of the schoolwide positive expectations

- developing a system to support decisions based on data related to student progress, effective implementation of behavioral practices, and screening for students requiring additional behavior supports;
  - Princeton Public Schools #477 staff collects data on student behavior and analyzes it to determine areas of focus and present levels of performance. Staff collect behavioral data with a focus on IEP goals. They also collect data in regards to behavioral incidents resulting in a step out or problem solving.

- using a continuum of evidence based interventions that is integrated and aligned to support academic and behavioral success for all students; and

- using a team-based approach to support effective implementation, monitor progress, and evaluate outcomes.

Princeton School District, #477 uses the following practices and procedures to teach expected behaviors and provide additional positive support to students requiring further intervention:

- Positive Behavior Interventions and Supports
- Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI)
- Routines and Expectations for behavior
- Verbal Praise
- Habits of a Tiger Program

Appendix A (optional)

Princeton School District, #477
Restrictive Procedures Training Attendance

Training: _____ **Date: _____**

Trainer: _____

Name of Attendee	**Position**	**Building**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Appendix B

Princeton School District, #477
Restrictive Procedures Reporting Form

Student Name: _____ Age: _____ Ethnicity: _____
Disability: _____ Building: _____ Date of Incident: _____
Directions: Complete this form whenever a physical hold (P) or seclusion (S) is used. An adult must monitor all students at all times. End the intervention when the threat of harm ends and staff determine that the student can safely return to the classroom or activity.
*** A debriefing meeting must be held within 2 school days of the incident and a Staff Debriefing Meeting form completed.**

Involved Staff:	**Trained prior to this incident**	
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
Reasonable force as defined under MN Statute 121A.582 was used: **Physical Holding**	Yes	No
Seclusion	Yes	No

Signature of person completing this form: _____

Description of incident:

Were there injuries to student or staff? Explain.

Type P/S	Intervention Time Start	End	Location	Type of Physical Hold Used				Other (see below)	Denied (Y/N) Water	Denied (Y/N) Restroom
				CC	TC	sH	STH			
				CC	TC	sH	STH			
				CC	TC	sH	STH			
				CC	TC	sH	STH			

Was seclusion conducted in a room other than a specially designed approved and registered time out room? Yes _____ No _____ Room location _____

Physical Hold Options: Children's Control= CC, Team Control= TC, Seated Hold= sH, Standing Hold (STH)
***Other:** Reverse Escort= RE, Seated Children's Control= SCC, Emergency Floor Restraint- EFR, (Adaptations as taught & monitored by qualified CPI instructor).

Appendix B Continuation

Description of student's behavior and physical status during intervention:

Any clothing removed? Shoes _____ Belt _____ Pocket Contents _____ Other: _____

Was a meal delayed due to extreme behavior or safety concerns? Yes _____ No _____

Explanation: _____

Intervention was used to protect students or others from physical injury? Yes _____ No _____

Positive and least restrictive interventions tried before use of restrictive procedure:

- ❏ Redirection, Correction, Verbal or Non-verbal feedback
- ❏ Brief supervised removal – (another location for purpose of engaging in activities or discussion related to behavior, thoughts or feelings.)
- ❏ Safe place to relax/regroup (voluntary)
- ❏ Other: _____

Description of why a less restrictive intervention failed or was determined by staff to be inappropriate or impractical: _____
_____

Did staff direction observe the child during the physical hold? Yes _____ No _____

Did the seclusion/physical holding end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity? Yes_____ No _____
Parent(s) Notification: Parents must be notified the same day the procedure is used. A written or electronic notice will be sent within 2 days if unable to notify the same day.

Date: _____ Time: _____
Parent Name: _____ By Whom: _____
Parent Comments: _____
_____
Was law enforcement contacted? Yes _____ No _____ By Whom: _____
Outcome of call: _____

Appendix C

Princeton School District, #477
Staff Debriefing Meeting

Student on an IEP: Yes _____ No _____ PBSP in Place: Yes _____ No _____
Was IEP followed: Yes _____ No _____ Was PBSP followed: Yes _____ No _____
If answer no, explain why:

Signatures of staff attending the meeting (should include at least one person not involved in the incident who has knowledge of behavior). Circle the Facilitator's signature:

_____ _____
_____ _____
_____ _____

Identify the antecedents, triggers and proactive interventions used prior to escalation. Briefly describe the impact of the less restrictive interventions. What behaviors did the student exhibit to require a restrictive procedure? Was the intervention used to protect student/others from injury? Describe student and staff behavior during the intervention.

What actions helped/what did not help?

Describe the procedure used to return the student to his/her routine activity, education setting, intervention, and/or site determined by the team, PBSP and or administrator.

Was the hold/seclusion an emergency? Yes _____ No _____
Was the hold/seclusion least intrusive? Yes _____ No _____
Did the hold/seclusion end when the threat of harm ended? Yes _____ No _____
Is corrective action needed? Yes _____ No _____
Is the behavior likely to occur again? Yes _____ No _____

Follow-up action (to prevent need for future restrictive procedures):

Behavior History:
Other restrictive procedures used in the last 4 weeks Yes _____ No _____
Restrictive procedures used twice in a month? Yes _____ No _____
Does the team see this as a pattern? Yes _____ No _____
Does the student's IEP team need to meet? Yes _____ No _____
If there were injuries how could they have been prevented? Is more training required? For whom and what kind?

Place a copy of the Restrictive Procedures Reporting Form and the Staff Debriefing Meeting form in Student's Due Process File in Section 3.
Send copies to: ____ Case Manager ____ special ed coordinator ____ building principal, ____ other _____

Appendix D

Princeton School District, 477
Building Intervention Oversight Committee Members (BIOC)
2026-2027 School year

The Building Intervention Oversight Committee will meet quarterly to complete the Review Form based on data provided in the Restrictive Procedures Reporting Form and the Staff Debriefing Meeting forms. The Committee will also complete the Quarterly Summary of Use of Restrictive Procedures form and establish a plan for addressing Committee recommendations. The Building Intervention Oversight Committee may be called together at other times to address the inappropriate use of physical holding and/or seclusion and determine and recommend training needs.

Princeton Early Childhood Special Education (ECSE) Intervention Oversight Committee Members

Mental Health professional, school psychologist, or social worker: Danielle Swedeen

Expert in positive behavior strategist: Casey Ewert/Kelsie Hasser/Crissy McCullough

General education administrator: Brian Julson

Special education administrator: Keith Enstad

Princeton Primary School Intervention Oversight Committee Members:

Mental Health professional, school psychologist, or social worker: Chad Oblander

Expert in positive behavior strategist: Casey Ewert/Kait Alain/Kari Tadych

General education administrator: Shannon Bruskiewicz

Special education administrator: Keith Enstad

Princeton Intermediate School Intervention Oversight Committee Members:

Mental Health professional, school psychologist, or social worker: Chad Oblander

Expert in positive behavior strategist: Casey Ewert/Hailey Karas

General education administrator: Blake Karas

Special education administrator: Keith Enstad

Princeton Middle School School Intervention Oversight Committee Members:

Mental Health professional, school psychologist, or social worker: Danielle Swedeen

Expert in positive behavior strategist: Casey Ewert/Jody Brenteson/Becca Concannon

General education administrator: Sarah Marxhausen

Special education administrator: Keith Enstad

Princeton High School Intervention Oversight Committee Members:

Mental Health professional, school psychologist, or social worker: Danielle Swedeen

Expert in positive behavior strategist: Casey Ewert/Chuck Gorecki/Sabrina Loscheider/Brett Triplett

General education administrator: Ryan Jensen

Special education administrator: Lana Talberg

Princeton Tiger Club Intervention Oversight Committee Members:

Mental Health professional, school psychologist, or social worker: Chad Oblander

Expert in positive behavior strategist: Casey Ewert

General education administrator: Brian Julson

Special education administrator: Lana Talberg

Princeton Student Services Intervention Oversight Committee Members:

Mental Health professional, school psychologist, or social worker: Chad Oblander/Danielle Swedeen

Expert in positive behavior strategist: Casey Ewert/Abby Moe/Roy Hanenburg

General education administrator: Keith Enstad

Special education administrator:Lana Talberg

Appendix E

Princeton School District, #477
Building Intervention Oversight Committee Review Form

Student Name: _____ **Age:** _____ **Ethnicity:** _____

Disability: _____ B**uilding:** _____ **Meeting Date:** _____

Restrictive procedures are documented in the IEP or attached PBSP: Yes No

Key: CC= Children's Control, TC = Team Control, sH= Seated Hold, STH= Standing Hold, IC= Interim Control, RE= Reverse Escort, SCC= Seated Children's Control,

Date	Holds/Seclusion (check all that apply)								Injury (Circle)	Total Duration of Holdings (H) or Seclusion (s)
	CC	TC	SH	STH	*RE	*SCC		Seclusion	Student/Staff	
									Student/Staff	
									Student/Staff	
									Student/Staff	
									Student/Staff	
									Student/Staff	
									Student/Staff	
									Student/Staff	
									Student/Staff	
									Student/Staff	
									Student/Staff	
									Student/Staff	

- Adaptations as taught and monitored by a qualified CPI instructor

<u>Summary of Restrictive Procedures Reporting Forms:</u>

Frequency of Use: Increase Decrease Same

Duration of Use: Increase Decrease Same

Were the positive interventions consistently used prior to use of a restrictive procedure? Yes ____ No _____

Were parents routinely notified on the same day of the procedure or within 2 days via written or electronic notice?

Yes _____ No _____

Appendix F continuation

Summary of Staff Debriefing Meeting forms:

Is there a pattern of antecedents? Yes No Specify

_____

Is there a pattern of behaviors? Yes No Specify

_____Is there a pattern of staff

responses? Yes No Specify

_____

Is there a pattern of interventions that helped return this student to his/her routine activities ASAP?

Yes No Explain:

_____

_____

_____

_____

Is there a pattern of interventions that escalated student behaviors? Yes No Explain:

_____

Were procedures routinely discontinued when the threat of harm ended? Yes No

Were procedures routinely used only in an emergency? Yes No

Members of the Reviewing Team:

_____ _____

_____ _____

_____ _____

Appendix F

Princeton School District, #477
Quarterly Summary of Use of Restrictive Procedures

Please check appropriate Quarter:
July – September _____ October – December _____ January – March _____ April – June _____
School: _____ **Date**:_____

Staff Training:
How many staff members have received required training in your building? _____
Did any untrained staff participate in a restrictive procedure? Yes _____ No _____ If yes, what was the rationale? _____

Reasonable Force:
How many restrictive procedures were results of reasonable force? Physical Holding _____ Seclusion _____

Seclusionary Time Outs:
How many seclusionary timeouts were used during this quarter: _____
Were any seclusionary timeouts conducted in other than the specially
Designed time out room? Yes _____ No _____
Were seclusionary time outs used only in response to an Emergency?" Yes _____ No _____
If the answer is "no" explain why and the corrective action taken: _____

Did staff directly observe the children during seclusion(s)? Yes _____ No _____

Did seclusion(s) end when the threat of harm ended and staff determined that
The student(s) could safety return to the classroom or activity? Yes _____ No _____
Last date seclusionary time out room(s) have been inspected (must be done annually) _____
(insert date)
Any repairs to the room(s) has/have been made? Yes _____ No _____
If no, responsible parties have been contacted to ensure room(s) has/have been
Repaired? Yes _____ No _____
All room repairs must be made prior to the start of the next school year.

Physical Holding:
How many physical holdings were used during this Quarter? _____
Were physical holdings used only in response to an "Emergency?" Yes _____ No _____
If the answer is "no", explain why and the corrective action taken: _____

Were student(s) /staff injured during the intervention(s)? If yes, explain
_____

Did staff directly observe the children during the physical holding(s)? Yes _____ No _____

Did the physical holding(s) end when the threat of harm ended and staff determined that the student(s) could safely return to the classroom or activity? Yes _____ No _____

Prohibited Use:

Did the debriefing teams find incorrect or prohibited use of a restrictive procedure? Yes _____ No _____

If "yes" what corrective action was taken: _____

_____

Documentation and Required Meeting:

Staff completion required paperwork after using a restrictive procedure? Yes _____ No _____

Staff Contacted parents the same date or sent home a written or electronic

Notice within two (2) days if unable to notify on the same day? Yes _____ No _____

A debriefing meeting(s) were held within 2 school days of the incident? Yes _____ No _____

Building Intervention Oversight Committee Recommendations including timelines for completion

(If you answer "No" to any of the above questions, recommendations are required)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Team Signatures:

Name:	Position:
_____	_____
_____	_____
_____	_____
_____	_____

Appendix G



Use of Restrictive Procedures: Physical Holding

Student: SSID: Date of incident:
School: Age: Grade:
Birth date: Gender:
Federal setting:
Primary disability: :

A. Is the student Hispanic/Latino?
☐Yes ☐No
B. What is the student's race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White
C. Federal race

Staff must complete this form when an incident occurs that includes the use of one or more physical holds.

Staff involved

First name	Last name	Role in incident

Person completing this form:

Name	Position	Phone

Physical holding

Procedure	Start time	End time	Total time

Was physical holding used to protect student or others from physical injury?
☐Yes ☐No
Explain

Description of the incident that led to this physical holding

Description of the physical holding and a brief description of the student's behavioral and physical status

Did any of these prohibited activities occur

1. engaging in conduct prohibited under section 121A.58;
2. requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
3. totally or partially restricting a child's senses as punishment;
4. presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
5. denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;
6. interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under chapter 260E;
7. withholding regularly scheduled meals or water;
8. denying access to bathroom facilities;
9. physical holding that restricts or impairs a child's ability to breathe, restricts or impairs a child's ability to communicate distress, places pressure or weight on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso; and
10. prone restraint.

11. face down position.

☐Yes ☐No
Explain

Was physical holding the least intrusive intervention to effectively respond to the emergency?
☐Yes ☐No
Explain why a less restrictive intervention failed or was determined to be inappropriate or impractical (What less restrictive intervention was tried?)

Did this physical holding end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity?
☐Yes ☐No
Explain

Did staff directly observe the child during this physical hold?
☐Yes ☐No
Explain

How many staff injuries as a result of this physical holding?

Explain

How many student injuries as a result of this physical holding?

Explain

Was the school resource officer or a police officer involved in this restrictive procedure?
☐Yes ☐No
Explain

Parent/guardian information
A school shall make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the child, or if the school is unable to provide same-day notice, notice is sent within two days by written or electronic means or as otherwise indicated by the child's parent.

Name:
Relationship to child:
Address:

City/State/Zip:

Phone (home):
Phone (work):
Phone (cell):
Email:

Name:
Relationship to child:
Address:

City/State/Zip:

Phone (home):
Phone (work):
Phone (cell):
Email:

Date

Time

Notified by

How notified

Appendix H

Princeton School District, #477
Meeting Agenda
(Use when restrictive procedures have been used on 10 or more school days)

1. **Introductions (include other professional working with the child; consult with experts in behavior analysis, mental health, communication, or autism; consult with culturally competent professionals.**

2. **Review existing evaluation and data:**
   - ❖ Review of existing data
   - ❖ Do the current evaluations address the student's needs?
   - ❖ Does the team feel the student needs to be reevaluated?

3. **Discuss the student's current positive behavior support plan:**
   - ❖ Are the strategies included in the positive behavior support plan successful with the student?
   - ❖ Do interventions and supports need to be revised in order to reduce the use of restrictive procedures?
   - ❖ Do changes need to be made to the IEP or Positive Behavior Support Plan?
   - ❖ Do additional resources or training need to be given to staff? If so, what will these resource be?

4. **Review any known medical or psychological limitations that contraindicate the use of restrictive procedure:**
   - ❖ Based on the information, should the use of restricted procedure be prohibited? If so, document this in the IEP or PBSP.
   - ❖ Is there any other medical information that needs to be considered by the team?
   - ❖

Appendix I

Princeton School District, #477
Meeting Agenda
(To be used when restrictive procedures are used twice in 30 days or when a pattern emerges)

1. **Introductions:**

2. **Review current Functional Behavior Analysis (FBA) and review data:**
   - ❖ Does the current FBA address current behavioral concerns?
   - ❖ Does the team need to conduct a new FBA to address new behaviors?

3. **Discuss the student's current positive behavior support plan:**
   - ❖ Does the plan exist? If not should one be written?
   - ❖ Do interventions and supports need to be revised in order to reduce the use of restrictive procedures?
   - ❖ Do changes need to be made to the IEP or PBSP?

4. **Review any known medical or psychological limitations that contraindicate the use of a restrictive procedure:**

- ❖ Based on the information, should the use of a restricted procedure be prohibited? If so, document this in the IEP or PBSP.