**Restraint and Seclusion Incident form**

1. This form is to be utilized to document all incidents where a student was restrained or secluded.
2. You must give it to the Principal or Principal’s Designee to be entered into Infinite Campus before the end of the following day.
3. Keep this confidential form in a secure file.

If you have questions regarding data entry or if you have question regarding Safe Crisis Management (SCM) issues please contact

BJ Ritter at 485-7963.

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| **Incident Detail Information** | | | | | | |
|  | | | | | | |
| **Staff Name** |  | **Date of Incident** |  | **Time of Incident** | |  |
|  |  |  |  |  | |  |
| **Student Name** |  | **Student Name** |  | |

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| **Per Code of Conduct: Event Type:** |  | **Law/Board Violation:** |  |

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| **Location of Incident:** |  | **Room:** |  |

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| **Infinite Campus Resolution Code (Check all that apply)** |

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|  | SSP3: Out of School Suspension |  |  | SSP7: Restraint |
|  |  |  |  |  |
|  | INSR: In School Removal (including ISAP) |  |  | SSP8: Seclusion |

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| **Response Type (Check all that apply):** | | | | | |
| Response Type | | | Examples of Response Type | Response  Start Time | Response  End Time | |
|  | |  |  |  |  | |
|  | | BR01: Control position restraint | Side Assist |  |  | |
|  | |
|  | |  |  |  |  | |
|  | | BR02: Kneeling position  restraint | S/K Bicep Assist, S/K Cradle Assist, S/K Upper Torso |  |  | |
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|  | |  |  |  |  | |
|  | | BR03: Other |  |  |  | |
|  | |  |  |  |  | |
|  | | BR04: Release/escape  restraint |  |  |  | |
|  | |  |  |  |  | |
|  | BR05: Seclusion | |  |  |  | |
|  |  | |  |  |  | |
|  | BR06: Standing position  restraint | | Cradle Assist, MP Upper torso Assist, Cross Arm Assist, Shoulder Assist, Upper Torso Assist |  |  | |
|  |
|  | BR07: Transport position  restraint | | Hook Transport, Cradle Transport, Cradle Carry, Hook Carry |  |  | |
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| **Pre-Response Intervention** | |  |  |  |
|  |  | |  |  |
|  | PRI01: Assigned seats | |  | PRI15: Provide reminders |
|  |  | |  |  |
|  | PRI02:Behavior momentum | |  | PRI16: Provide space |
|  |  | |  |  |
|  | PRI03:Communicate concerns with student | |  | PRI17: Provide warning and correction |
|  |  | |  |  |
|  | PRI04: Independent activities | |  | PRI18:Recognize and respond to behavior |
|  |  | |  |  |
|  | PRI05: Involve students in the plan | |  | PRI19: Redirect |
|  |  | |  |  |
|  | PRI06: Modify task | |  | PRI20: Relaxation strategies |
|  |  | |  |  |
|  | PRI07: Opportunities to respond | |  | PRI21: Schedules/routines |
|  |  | |  |  |
|  | PRI08: Physical arrangement | |  | PRI22: Speak privately to student |
|  |  | |  |  |
|  | PRI09: Positive direction and limits | |  | PRI23: Specific /concrete directions |
|  |  | |  |  |
|  | PRI10: Present options | |  | PRI24: Teach appropriate behavior |
|  |  | |  |  |
|  | PRI11: Problem solving | |  | PRI25: Teach standard consequence |
|  |  | |  |  |
|  | PRI12: Prompting/cueing | |  | PRI26: Teacher proximity |
|  |  | |  |  |
|  | PRI13: Provide a specific direction | |  | PRI99: Other – describe in pre-response text box |
|  |  | |  |  |
|  | PRI14: Provide choices | |  |  |

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| **Pre-Response Actions (attach additional pages as needed):** Document an account of the actions by involved students and staff before the response. Describe events leading up to the response, including possible factors contributing to the dangerous behavior. Document the effectiveness of any Pre-Response Interventions. Describe how the student’s behavior posed an imminent danger of physical harm to self or others. |
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| **Response Details:** Document an account of the student’s behavior during the response. Describe how school personnel responded to the dangerous behavior. Document interactions between the student and the school personnel during the response. Document the effectiveness of this response type. |
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| **Post-Response Action:** Document an account of the student and staff following the response. Document the effectiveness this response had in deescalating the situation. Describe the planned positive behavioral interventions which shall be used to reduce the future need for restraint or seclusion of the student. Document a referral to Program 504 or IDEA, if student not previously identified. Describe basis for declining to refer the student to Program 504 or IDEA, if applicable. |
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| **Injury** | | | | | | | |
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| **To Student** |  | Yes |  | No | **Injury type & description** | |  |

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| --- | --- | --- | --- | --- |
|  | 01: Minor |  |  | 04: Severe: Protracted & obvious disfigurement |
|  |  |  |  |  |
|  | 02: Severe: Extreme Physical Pain |  |  | 05: Severe: Substantial Risk of Death |
|  |  |  |  |  |
|  | 03: Severe: Loss or Impairment of Function |  |  | 06: Death |

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| **To Participant (school employee)** |  | Yes |  | No | **Injury type & description** |  |

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| --- | --- | --- | --- | --- |
|  | 01: Minor |  |  | 04: Severe: Protracted & obvious disfigurement |
|  |  |  |  |  |
|  | 02: Severe: Extreme Physical Pain |  |  | 05: Severe: Substantial Risk of Death |
|  |  |  |  |  |
|  | 03: Severe: Loss or Impairment of Function |  |  | 06: Death |

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| *Is the Workers Compensation Location Report Form is completed:* |  | Yes |  | No |

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| **Employees Involved:** Add Response participants defined as the people who are restraining the students, assisting in the restraint or observing the restraint or seclusion | | | | | | |
| **Role** | **Staff Name** | **SCM Trained** | **SCM Cert.**  **Date** | **Last Practice**  **Attended** | Pick roles from this list. | |
|  |  |  |  |  | P1-Staff Primary/Lead  P2-Other Primary/Lead  P3-SRO Primary/Lead  S1-Staff Secondary  S2-Other Secondary | S3-SRO Secondary  O2-Other Observer  O3-SRO Observer  O4-Student Observer |
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| **Guardian Contact**: Complete if guardian is contacted. | | | | | | | | | | | | |
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| **Date:** |  | | **Time:** |  | | **Contact Name:** | |  | | | **Debriefing Date:** |  | |
|  | |  | | |  | |  | |  |  | | |
| **Details:** Enter any details discussed during the contact including the method of contact: | | | | | | | | | | | | |
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