Snake River District #52

STUDENTS

Restraint & Seclusion Reporting Form

Student Details

Student Name	Grade	DOB
Parent Name	Parent Phone	Parent Email Address
Mark all that apply.		Disability
504 PlanHealth Plan	BIPCrisis Plan	

Reporting Details

Name of Person Completing Form	Date and Time of Report	Date and Time of Incident
School	Name/s and Roles of Staff Involved Incident	in Restraint or Seclusion
Location of the Incident		

Incident Details

Describe pos	sible events t	hat triggered the dangerous behavior th	hat led to restraint or seclusion.
Describe pre incident.	vention, redir	ection, or pre-correction strategies that	were used before and during the
Describe the dangerous behavior that resulted in the implementation of restraint or seclusion.			
Start time	End time	Person implementing restraint or seclusion	Staff who monitored or observed
Describe the restraint or seclusion technique or strategies used.			
Describe how the student was monitored during and after the incident.			

Incident Log

Provide a	log of student behavior during rest	raint or seclusion.
Time	Student behavior	Adult response
Time	Student behavior	Adult response
Time	Student behavior	Adult response
Time	Student behavior	Adult response
Time	Student behavior	Adult response
Describe student behavior that demonstrated student's ability to return to the educational environment (recovery).		
Describe d	any injuries or physical damage tha	t occurred during the incident.
Other con	nments.	

Parent/Guardian Notification

This report and notification shall be provided to the parent/guardian as soon as possible and <u>prior to</u> <u>the debriefing meeting</u> referenced below.

Was the parent/guardian notified *immediately* following the incident, or at the latest, within 24 hours?

Yes

🗆 No

Date of notification	Time of notification	How much time had passed following the incident?
Person providing notification	Method of contact	Summary of notification

If No, Explain:

Debrief Meeting

When an incident of restraint or seclusion occurs, a debriefing session shall be convened within two (2) school days to review the incident's details and consider steps to prevent reoccurrence.

Date of meeting	Names and roles of attendees
Date of meeting	
Time of meeting	
Time of meeting	
Incident report reviewed	during this mosting:
	during this meeting.
□ Tes □ No	
	plemented according to state and district guidelines:
	biemented according to state and district guidelines.
□ Yes	
🗆 No	
If No. ovalain	
If No, explain.	
Attandage in agreement	with the report.
Attendees in agreement	with the report.
□ Yes	
🗆 No	
If No. overlain	
If No, explain.	
Current and the discussion	including alarmod store to arguest the recommended of restarint or colusion
	n, including planned steps to prevent the reoccurrence of restraint or seclusion
	havior supports, functional behavior assessment, behavior intervention plan,
	be the follow-up that will occur to review or modify support to avoid future use
of restraint or seclusion.	