

RESTRAINT OR SECLUSION REPORTING FORM

Name of staff member completing this report:

Location of incident:

Did the student's behavior pose an immediate threat of harm or caused harm to him/herself or others?

Yes No

Please describe the behavior, indicating specifically how it posed an immediate threat of harm to the student or others:

Describe the student's activities leading up to the incident:

Were there factors (environmental or otherwise) that caused or contributed to the dangerous behavior?

Yes No

If yes, please list:

Were prevention, redirection, and/or pre-correction strategies attempted prior to using restraint or seclusion?

Yes No

If yes, please describe. If no, please explain why they weren't used:

Describe restraint or seclusion intervention used:

Was the restraint or seclusion intervention used part of the students BIP, 504 Plan, or IEP?

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Yes No Unsure No BIP, 504 Plan or IEP on file

Was administration contacted as soon as practical to determine appropriateness and proper duration of restraint or seclusion (required by law for developmentally disabled **[and required by policy for all students]**)?

Yes No

Start time of restraint or seclusion: _____ am pm

End time of restraint or seclusion: _____ am pm

List school staff involved in the restraint or seclusion intervention:

- | | | | |
|----|-------|---------------------------------------|------------------------------------|
| 1. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 2. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 3. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 4. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 5. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |

Describe student's reaction to/behavior during the restraint or seclusion:

Describe how the student was monitored during and after the incident:

Did any injuries to the student, staff, or others occur during the incident?

Yes No

If yes, please list:

Was medical assistance sought?

Yes No Na

Did any damage to property occur?

Yes No

If yes, please list:

Was law enforcement contacted?

Yes No

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How restraint ended (check all that apply):

- Determination by administrator **[or staff member]** that student was no longer a risk to him/herself or others
- Intervention by administrator(s) to facilitate de-escalation
- Arrival of law enforcement
- Arrival of medical assistance
- Other (describe):

FOR SCHOOL ADMINISTRATION TO COMPLETE:

Name of administrator: _____

Date and time this report form was received: _____ am pm

Date and time that school administrator contacted the student's parent (ideally same day as incident occurred):

_____ am pm

- Mother Father Guardian
- The parent/guardian has waived notification for the form of restraint or seclusion intervention described above and documented in the
- BIP 504 Plan IEP approved on: _____.
- Attempts to contact parents were unsuccessful

If attempts to contact parent were unsuccessful, describe attempts (time, manner, number, etc.):

If a school staff member other than an administrator contacted parents, please list: _____

Describe any post-incident debriefing with staff and list date and time of this meeting:

Was a BIP created for the student post-incident?

- Yes No Student already has one on file

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If no, explain:

Was the student referred for a 504/IDEA assessment?

Yes No

Was the student's BIP, 504 Plan, or IEP reviewed and reassessed post-incident?

Yes No Na

Explain why or why not:

List any other measures taken by district as a result of this incident:

Additional notes:

End of [Name of District] Exhibit FCC-E

Approved: 08FEB16

[08/12]

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