

Policy 4373 Restraint Use Documentation and Parent Notification

Restraint* is the use of force to significantly restrict the free movement of all or a portion of a student's body.

Student Name:		
Date of Restraint:		
Time Restraint Began:		Time Restraint Ended:
Location (i.e. classroom, playground, etc.) of Restraint:		
Does the student have a behavior intervention plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Notification/Documentation Log:		Time/Date/Initials
Principal/designee notification within one hour of restraint: <input type="checkbox"/> Verbal		
Principal/designee notification within one hour of restraint: Written delivered via: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Note <input type="checkbox"/> Other _____		
Same day parental verbal notification: <input type="checkbox"/> Phone <input type="checkbox"/> Other _____		
Written notification mailed or otherwise provided to parents within one school day: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Hand-delivered <input type="checkbox"/> Other _____		
Written documentation of restraint was placed in student's official school record within one school day		
<u>Staff Member(s) Administering Restraint</u>		
<u>Staff Member Name</u>	<u>Title</u>	
_____	_____	
_____	_____	
_____	_____	
Antecedents/Triggers:		
<input type="checkbox"/> Student & Student(s) <input type="checkbox"/> Student & Staff <input type="checkbox"/> Student & Environment <input type="checkbox"/> Unknown		
Briefly describe what led to this incident: _____		
Rationale – Problem Behavior Leading to Necessity for this Restraint:		
<input type="checkbox"/> Student harming self <input type="checkbox"/> Student harming others <input type="checkbox"/> Serious destruction of property by student		
Briefly describe the problem behavior: _____		
De-escalation Efforts/Restraint Alternatives Attempted: <i>Check all that apply</i>		
<i>Nonverbal:</i>		
<input type="checkbox"/> Ignore the Challenge <input type="checkbox"/> Proximity Control <input type="checkbox"/> Redirection/Physical Prompt <input type="checkbox"/> Move the Audience		
<i>Verbal:</i>		
<input type="checkbox"/> Answer Question <input type="checkbox"/> Redirect/Verbally <input type="checkbox"/> Allow Student to Vent <input type="checkbox"/> Set Limits/Give Consequences		
<i>Physical:</i>		
<input type="checkbox"/> Target Removed <input type="checkbox"/> Students Separated <input type="checkbox"/> Aggression Blocked/Released		
Briefly describe the efforts/attempts: _____		

Process/Type of Restraint:

Individual Team

Briefly describe the process/type of restraint used:

Checked by adult other than restrainer(s):

Did any apparent harm come to the student as a result of this restraint? Yes No

If yes, please attach a copy of accident report form to this form.

Staff Member Name: _____ Title: _____

Comments _____

Signature

Principal/Designee: _____ Date: _____

*Restraint for the purposes of this notification and documentation does not necessarily include immediate, brief/very limited duration, physical intervention such as that required to, for example, break up a fight. This type of physical intervention may meet the definition of restraint if, because of the continued aggressive/combative state of the student(s), it is necessary to continue to forcibly control the student(s).

- Cc: Principal
 Parent
 Student's official school record
 Adult doing restraint