

Restraint and Seclusion Report

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.

Incident Detail Information

Student Name: _____ School: _____
 Staff Name: _____ Date of Incident: _____ Time of Incident: _____
 Per Code of Conduct: Event Type: _____ Law/Board Violation: _____
 Location of Incident: _____ Room: _____

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

- ☐ SSP3: Out of School Suspension ☐ SSP7: Restrain
☐ INSR: In School Removal (including ISAP) ☐ SSP8: Seclusion

Pre-Response Intervention

- | | |
|---|---|
| <input type="checkbox"/> PRI01: Assigned seats | <input type="checkbox"/> PRI15: Provide reminders |
| <input type="checkbox"/> PRI02: Behavior momentum | <input type="checkbox"/> PRI16: Provide space |
| <input type="checkbox"/> PRI03: Communicate concerns with student | <input type="checkbox"/> PRI17: Provide warning and correction |
| <input type="checkbox"/> PRI04: Independent activities | <input type="checkbox"/> PRI18: Recognize and respond to behavior |
| <input type="checkbox"/> PRI05: Involve students in the plan | <input type="checkbox"/> PRI19: Redirect |
| <input type="checkbox"/> PRI06: Modify task | <input type="checkbox"/> PRI20: Relaxation strategies |
| <input type="checkbox"/> PRI07: Opportunities to respond | <input type="checkbox"/> PRI21: Schedules/routines |
| <input type="checkbox"/> PRI08: Physical arrangement | <input type="checkbox"/> PRI22: Speak privately to the student |
| <input type="checkbox"/> PRI09: Positive direction and limits | <input type="checkbox"/> PRI23: Specific /concrete directions |
| <input type="checkbox"/> PRI10: Present options | <input type="checkbox"/> PRI24: Teach appropriate behavior |
| <input type="checkbox"/> PRI11: Problem solving | <input type="checkbox"/> PRI25: Teach standard consequence |
| <input type="checkbox"/> PRI12: Prompting/cueing | <input type="checkbox"/> PRI26: Teacher proximity |
| <input type="checkbox"/> PRI13: Provide a specific direction | <input type="checkbox"/> PRI99: Other – describe in the pre-response text box |
| <input type="checkbox"/> PRI14: Provide choices | |

Response Details: Document an account of the student's behavior during the response. Describe how school personnel responded to the dangerous behavior. Document interactions

Response Types:	Examples of Response Types	Response Start Time	Response End Time
BR01: Seclusion			
BR02: Seated Holding Position: Low Level			
BR03: Seated Holding Position: Medium Level			
BR04: Seated Holding Position: High Level			
BR05: Standing Holding Position: Low Level			
BR06: Standing Holding Position: Medium Level			

Response Types:	Examples of Response Types	Response Start Time	Response End Time
BR07: Standing Holding Position: High Level			
BR08: Team Control Position			
BR09: Child Control Position Standing: Low Level			
BR10: Child Control Position Standing: Medium Level			
BR11 Child Control Position Standing: High Level			
BR12: Child Control Position Seated: Low Level			
BR13: Child Control Position Seated: Medium Level			
BR14: Child Control Position Seated: High Level			

Post-Response Action: Document an account of the student and staff following the response. Document the effectiveness this response had in de-escalating 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 the student is not previously identified. Describe the basis for declining to refer the student to Program 504 or IDEA, if applicable.

Injury

To Student: ☐ Yes ☐ No **Injury type & description:** _____

☐ 01: Minor

☐ 02: Severe: Extreme Physical Pain

☐ 03: Severe: Loss or Impairment of Function

☐ 04: Severe: Protracted & obvious disfigurement

☐ 05: Severe: Substantial Risk of Death

☐ 06: Death

To Participant (school employee) ☐ Yes ☐ No **Injury type & description:** _____

☐ 01: Minor

☐ 02: Severe: Extreme Physical Pain

☐ 03: Severe: Loss or Impairment of Function

☐ 04: Severe: Protracted & obvious disfigurement

☐ 05: Severe: Substantial Risk of Death

☐ 06: Death

Is the Workers Compensation Location Report Form completed: ☐ Yes ☐ No

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	CPI Trained	CPI Cert. Date	Last Practice Attended	Pick roles from this list.	
					P1-Staff Primary/Lead	S3-SRO Secondary
					P2-Other Primary/Lead	O2-Other Observer
					P3-SRO Primary/Lead	O3-SRO Observer
					S1-Staff Secondary	O4-Student Observer
					S2-Other Secondary	

Guardian Contact: Complete if a guardian is contacted.

Date: _____ Time: _____ Contact Name: _____ Debriefing Date: _____

Details: Enter any details discussed during the contact including the method of contact: