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| **APPENDIX A** |
| **SAMPLE FORM – Emergency Use of Physical Restraint or Seclusion** |

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| **Report of Incident**  ***Submit to a designated administrator within 24 hours of the occurrence of the incident.***  ***Multiple incidents cannot be merged into a single report.[[1]](#footnote-1)*** |
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**Date of report:\_\_\_\_\_\_\_\_\_\_**

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| **Student Name:** | **Grade:** | **Age:** |

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| **Ethnicity:** | **Gender:** |

**Physical Restraint/Seclusion was used: (Check all boxes that apply)**

* **after less intrusive interventions had failed. Please explain and list interventions attempted:**

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* **after less intrusive interventions were deemed inappropriate or inadequate. This decision is substantiated by the following explanation:**

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* **due to immediate threat of harm to: self, others, or both**
* **only for the time period that was necessary to contain the behavior of the student so that the student no longer posed an immediate threat of causing physical injury to self or others**
* **in accordance with all school division and/or program policies and procedures regarding the use of physical restraint/seclusion**
* **and did not exceed the force that was reasonable and necessary under the circumstance precipitating the use of physical restraint/seclusion**

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| **Date of Incident:** | **Location of Incident:** |

**Time physical restraint began:\_\_\_\_\_\_\_\_\_\_\_\_ Time physical restraint ended:\_\_\_\_\_\_\_\_\_\_\_\_**

**Name(s) of person(s) involved (not school personnel): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**School personnel involved in the incident, their roles in the use of physical restraint or seclusion:**

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**Description of the incident (include the following): student behavior that justified the use of physical restraint or seclusion; resolution and the process of returning the student to their educational setting, where appropriate; a description of restraint or seclusion methods used; and prior behavior or circumstances prompting student’s behavior. Attach extra sheets if necessary.**

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**Explain debriefing of student. Include date, time, and method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Student has a(n):**

* **Individualized Education Program (IEP)**
* **504 Plan**
* **Behavior Intervention Plan (BIP)**
* **None of the Above**

**Was ANYONE harmed during restraint or seclusion?**

* **Yes**
* **No**

**If so, please identify who was injured.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treatment Administered?**

* **Yes. Explanation of treatment**

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* **No**

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| **Date of Treatment:** | **Time of Treatment:** |
| **Personnel Administering treatment:** | **Signature of Personnel Administering Treatment:** |

|  |  |  |
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| **School/Program Administrator notified (must notify)** | **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Method of parental notification:** | **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Name and Position of person completing form:**  **Signature:** |

**Attachments: Involved Personnel’s restraint and seclusion training certification**

**Copy to Student File Date:\_\_\_\_\_\_\_\_\_\_**

**Copy to Parent/Guardian Date:\_\_\_\_\_\_\_\_\_\_**

**Copy to Review Committee Date:\_\_\_\_\_\_\_\_\_\_**

1. Regulations note that this documentation should be submitted soon as practicable, but no later than 2 days after an incident. [↑](#footnote-ref-1)