MSAD #58

INCIDENT REPORT

PHYSICAL RESTRAINT or SECLUSION OF A STUDENT

NAME OF SCHOOL/PROGRAM:	DATE OF REPORT:

NAME OF PERSON COMPLETING THE REPORT:

STUDENT INVOLVED

STUDENT NAME:	Age:	Gender:	Grade:

STUDENT HAS (Check all that apply)	
▢ IEP	▢ IHP
▢ 504 Plan	▢ Other Plan (Identify)
Behavior Plan	▢ None of these plans

DESCRIPTION OF INCIDENT:

DATE OF INCIDENT:	
BEGINNING TIME OF INCIDENT:	ENDING TIME OF INCIDENT:
TOTAL INCIDENT TIME:	

LOCATION OF INCIDENT (BE SPECIFIC):

Classroom	▢ Bathroom	▢ Hallway	▢ Specials Room	▢ Gym
▢ Cafeteria	▢ Playground	▢ Front of School	▢ Lobby	▢ Vehicle
▢ Library	▢ Office	▢ Community		▢ Other

ANTECEDENTS (Describe Detail; Prior to Behavior)

▢ Loud Noise(s): _____	▢ Peer Interaction(s): _____
▢ Delivering Academic Instruction: _____	Teacher Directives: _____
Limit Setting/Redirection: _____	▢ Activity Characteristic(s): _____
▢ Space Intrusion: _____	▢ Crowding/Proximity: _____

▢ Difficult Task: _____	▢ Unclear/Undetected: _____
Transition: _____	▢ Waiting: _____
▢ Novel Activity/Person/Item: _____	▢ Other
▢ Schedule Change:	

BEHAVIORAL ANTECEDENTS (Prior to Behavior)

▢ Body Movement(s): _____	▢ Confused/disoriented: _____
▢ Facial Expression(s): _____	▢ Ambulation/Pacing: _____
▢ Vocal/Verbal: _____	▢ Other: _____
▢X Noncompliance:	

LEAST RESTRICTIVE INTERVENTIONS- check all used and be specific

▢ Differential Reinforcement: _____	▢ Physical Prompt: _____
▢ HELP (Safety-Care): _____	Low stimulus environment offered: _____
PROMPT (Safety-Care): _____	▢ Relocation: _____
WAIT (Safety-Care): _____	▢ Support Offered: _____
▢ Incident Minimization Technique: _____	▢ Retreat/Re-Approach: _____
Verbal Directive(s): _____	Increased Monitoring: _____
Verbal De-escalation:	▢ None. Injury was too imminent for other alternatives
	▢ Other:

RESPONSE TO INTERVENTIONS – check all that apply

▢ Independent Calm: _____

▢ Re-entered previous situation: _____

▢ Activity Participation: _____

▢ De-Brief/Processing: _____

▢ Continued Escalation w/out increasing: _____

Increased Escalation: _____

▢ Other:

DESCRIPTION OF THE INCIDENT: including the resolution and process of return of student to program if appropriate. (if another student is involved, use only their initials)

IF NO Less restrictive interventions WERE tried prior to the use of physical restraint/seclusion – EXPLAIN WHY

STUDENT BEHAVIOR JUSTIFYING USE of PHYSICAL RESTRAINT/SECLUSION

Describe the risk of imminent injury justifying the restraint:

DESCRIPTION OF RESTRAINT OR SECLUSION; STAFF INVOLVED **REMEMBER: 1 adult for seclusion is required (minimum)**

Detailed description of the physical restraint/seclusion used:

Staff person involved	Their role in the use of physical restraint/seclusion	Certification, if any, in an approved training program

DID RESTRAINT OR SECLUSION LAST MORE THAN 10 MINUTES:

▢ Yes

If yes, time of notification to the Administrator & approval to continue restraint or seclusion-(every 10 minutes required):

▢ No

BEGINNING TIME OF RESTRAINT/SECLUSION:	ENDING TIME OF RESTRAINT/SECLUSION:

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BODILY INJURY OF STUDENT OR STAFF

Did the student or staff sustain bodily injury?	▢Yes	No

If yes, name of person(s) sustaining injury (if another student, use initials):

Describe injury(ies) sustained:

Date and time of nurse or response personnel notification and treatment administered (if any):

Did student sustain SERIOUS bodily injury or death:

▢ Yes

If yes, date and time of notification to the Superintendent & DOE:

▢ No

NOTIFICATION AND DEBRIEFING

Parent Notified: (**same day**)	Date:	Time:	Method:
Administrator Notified: **(same day)**	Date:	Time:	Method:
Written Report to Administrator: (w/in **2 school days**)	Date:	Time:	
Staff Debriefing: (w/in **2 school days**) (include what went well)	Date:	Time:	
Student Debriefing: (w/in **2 school days**)	Date:	Time:	
Parent Written Notification: (w/in **7 calendar days**)	Date:	Time:	
Written Plan Shared w/staff: (include what would be done	Date:	Time:	

differently)			

Has student been involved in 2 or more prior incidents during the current school year?

▫ Yes

If yes, Date and time of required team meeting (w/in **10 school days**):

▫ No

If no, number of prior incidents during the current school year:

Signature of Person Completing Report:	Date:

Signature of Administrator:	Date:

Copy to Building Administrator
Copy to Special Education Director
Copy to Superintendent