

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:
 Student & Student(s) Student & Staff Student & Environment Unknown
 Briefly describe what led to this incident: _____

Rationale – Problem Behavior Leading to Necessity for this Restraint:
 Student harming self Student harming others Serious destruction of property by student
 Briefly describe the problem behavior: _____

De-escalation Efforts/Restraint Alternatives Attempted: *Check all that apply*

Nonverbal:
 Ignore the Challenge Proximity Control Redirection/Physical Prompt Move the Audience

Verbal:
 Answer Question Redirect/Verbally Allow Student to Vent Set Limits/Give Consequences

Physical:
 Target Removed Students Separated 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/combatative 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