

## STUDENT RESTRAINT INCIDENT REPORT FORM

Student: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Staff directly involved in restraint (include names and titles; attach supplemental statements, if any):

\_\_\_\_\_  
\_\_\_\_\_

Witnesses (include names and titles):

\_\_\_\_\_  
\_\_\_\_\_

Description of events immediately before the behavior occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Efforts/alternatives made prior to the use of restraint:

\_\_\_\_\_ Teaching interaction

\_\_\_\_\_ Offered self-control strategy

\_\_\_\_\_ Verbal de-escalation

\_\_\_\_\_ Other(s) (please describe): \_\_\_\_\_

\_\_\_\_\_

Type of restraint used:

\_\_\_\_\_  
\_\_\_\_\_

Time restraint began: \_\_\_\_\_

Time restraint ended: \_\_\_\_\_

Chronological description of incident (include behavior, statements made, actions taken):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolution:

\_\_\_\_\_ Student calm/reintegrated into classroom/educational programming

\_\_\_\_\_ Student calm/additional time provided for de-escalation outside of instructional setting

\_\_\_\_\_ Additional support requested (medical/mental health/parent/police)

\_\_\_\_\_ Other(s) (please describe):\_\_\_\_\_

Injuries or property loss/damage:

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Persons notified of incident (include name, title, date and time notified):

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\_\_\_\_\_  
Name and title of person writing report

\_\_\_\_\_  
Signature

Checklist	Date	Comments
If an injury to staff or student has occurred, submit student accident report and/or staff incident report.		
Building principal or designee verbally notify parent by end of the school day that the restraint was used.		
Conduct internal review of incident of restraint.		
Review documentation to ensure use of alternative strategies and recommend adjustments to procedures, if appropriate.		
Report e-mailed, mailed, or faxed to parent within 5 calendar days of the use of restraint.		
If requested by parents or the school, convene a meeting (that may be an IEP, BIP or 504 meeting) to review the incident.		

**Copies: parent, student's confidential file *[required]***