

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:

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

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]*