



ABERDEEN SCHOOL DISTRICT

POLICIES AND REGULATIONS

NEPN Code: JGB-E

Aberdeen Public Schools Restraint/Seclusion Form

Restraints are never permitted for non-compliance. There must be imminent danger to the student or others to justify a restraint. A restraint can be applied only by CPI trained staff and have prior approval of the student's educational team. This form must be completed for each restraint.

Staff Member(s) Completing Form:		Staff Title(s):		Date/Time of Report:	Date/Time of Incident:
					Location of Incident:
Student Name:		Grade:	Age:	Gender:	Check if applicable: <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> BIP <input type="checkbox"/> Other, explain: _____
School Name:			Personnel Involved:		
Check each of efforts made to de-escalate and alternatives to physical restraint/seclusion that were attempted:					
<input type="checkbox"/> Manage the environment	<input type="checkbox"/> Proximity	<input type="checkbox"/> Redirection	<input type="checkbox"/> Prompting		
<input type="checkbox"/> Caring gesture	<input type="checkbox"/> Speak calmly	<input type="checkbox"/> Active listening	<input type="checkbox"/> Planned ignoring		
<input type="checkbox"/> Give time/space	<input type="checkbox"/> None Why? _____				

1. A description of the use of physical restraint or seclusion and the student behavior that resulted in this procedure (antecedent):

2. Please check each possible factor contributing to the adverse behavior:

- Tired Told no Given criticism Other: _____
 Hungry Given an instruction Change in routine

3. Please describe the student's behavior during restraint or seclusion and interactions between the student and school employee(s) during the restraint or seclusion:

4. Please rate the effectiveness of the physical restraint or seclusion in deescalating the situation:

- Very Effective Somewhat ineffective
 Somewhat Effective Very ineffective
 Effective

<<Please complete other side >>

5. After a team debriefing, these planned positive behavioral interventions shall be used to reduce future need for physical restraint or seclusion of the student:

- Cool down time Specific praise Coupling statement Empathy statement
 Corrective teaching Reality statement Concrete positive reinforcer Other:

Date of Debrief Meeting: _____

6. Check all the CPI restraints which apply:

- Kick Block Bite release 1 or 2 handed wrist grab release
 Team control position Transport position 1 or 2 handed hair pull release
 Back or front choke release Child control position Interim control position
 Other: _____

Site of restraint/seclusion: _____ **Duration of restraint/seclusion:** _____

If multiple restraints occurred during the same episode (e.g., restraint was terminated but student re-escalated), record the following:

Reason for additional restraint: Type of restraint:	Time Restraint/Seclusion began: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time Restraint/Seclusion ended: _____ A.M. P.M.	Total duration of restraint/seclusion:
Reason for additional restraint: Type of restraint:	Time Restraint/Seclusion began: _____ A.M. P.M.	Time Restraint/Seclusion ended: _____ A.M. P.M.	Total duration of restraint/seclusion:

Phone contact with parent: Date: _____ Time: _____

Please send a copy to the following staff:

- Assistant Superintendent
 Director of Special Education
 Principal

Does a medical/injury report need to be filled out? Yes _____ No _____

Type of Injury: _____ To Whom: _____

Restraint/Seclusion Form reviewed by: _____ **Date:** _____
 _____ **Date:** _____

Does follow up action need to be taken: Yes _____ No _____

- Proposed IEP/504 Meeting
 New Assessment
 Reconsider Type of Support of Intervention

