

STUDENT PERSONNEL

Series 500

POLICY TITLE USE OF PHYSICAL RESTRAINT AND/OR SECLUSION  
DOCUMENTATION FORM

No. 503.6E1

Student Name:			Date of occurrence:					
Start time of occurrence:			End time of occurrence:					
Duration of restraint:			Duration of seclusion:					
		Check all that apply:						
Employee Name:	Employee Title:	Observed Restraint	Involved Restraint	Implemented Restraint	Observed Seclusion	Involved Seclusion	Implemented Seclusion	Date of last CPI training:
Administrator Signature:	<u>15 min</u> time: initials:	<u>30 min</u> time: initials:	<u>30 min</u> time: initials:	<u>30 min</u> time: initials:	<u>30 min</u> time: initials:	<u>30 min</u> time: initials:	<u>30 min</u> time: initials:	<u>30 min</u> time: initials:
<b>If Administrator approval was not obtained at 15 minutes or every 30 minutes thereafter, or a student was not provided with breaks for bodily needs in incidents lasting longer than 15 minutes, explain why:</b>								
<b>Describe the incident. What happened before (the antecedent), during and after the behavior. Describe both student and staff actions.</b>								

**Describe any less restrictive means attempted as an alternative to physical restraint and seclusion or why those means would not be effective or feasible, or have failed:**


**Parent/Guardian notification:** Parents/Guardians will be notified as soon as practicable once the occurrence is under control, but no more than one hour after, or the end of the school day, whichever occurs first. Space below for documenting multiple attempts to notify guardians is listed in case the guardian cannot be reached in the first attempt.

<b>Employee attempting notification:</b>	<b>Parent/Guardian contacted:</b>	<b>Time and manner of attempted notification:</b>	<b>Was notification successful?</b>

**If Parent/Guardian notification requirements were not complied with, explain why:**


**If applicable describe any use of non-approved restraint, use of non-designated seclusion rooms, or any restraint or seclusion that lasted longer than necessary:**


**Describe injuries sustained or property damaged by students or employees:**


**Describe future approaches to address student behavior including any consequences or disciplinary actions that may be imposed on the student:**



- Was a Coping Meeting held

This form has been reviewed and completed by the undersigned employee. A written copy of this form has been sent to the student's parent or guardian within three school days of the occurrence. Unless the parent or guardian agrees to receive the report by email, fax, or hand delivery, the report must be sent by mail and postmarked by the third day following the occurrence. Enclosed with a copy of this form is an invitation for the parents or guardians to participate in the debriefing meeting scheduled in accordance with the law.

\_\_\_\_\_ Employee

\_\_\_\_\_ Date of form delivered to Parent/Guardian

\_\_\_\_\_ Method of Transmittal

Date Approved: January 25, 2021

Last Date Reviewed: August 17, 2023