

EXHIBIT D2-(b)

PHYSICAL RESTRAINT/SECLUSION INCIDENT RECORD¹ and DEBRIEFING REPORT

A. Student Information		School:	
Name:	UID#:	Date of Birth:	Grade:
<input type="checkbox"/> IEP* <input type="checkbox"/> 504 Plan <input type="checkbox"/> Referred	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander	English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Eligible Disability:			
Migrant Status:			

B. Incident Description	
Date incident occurred: / /	<input type="checkbox"/> PHYSICAL RESTRAINT <input type="checkbox"/> SECLUSION: Locked Room <input type="checkbox"/> Y <input type="checkbox"/> N
Time restraint/seclusion began (circle type):	Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Hall Other: _____
Time restraint/seclusion ended (circle type):	
What behavior(s) did the student exhibit that lead to restraint/seclusion? <input type="checkbox"/> Hitting <input type="checkbox"/> Biting <input type="checkbox"/> Running <input type="checkbox"/> Pushing <input type="checkbox"/> Choking <input type="checkbox"/> Spitting <input type="checkbox"/> Cutting <input type="checkbox"/> Using objects as weapons <input type="checkbox"/> Other _____	
Behavior(s) directed at <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	
Behavior(s) the student exhibited prior to incident (explain/describe): <input type="checkbox"/> Yelling/calling out <input type="checkbox"/> Out of seat/wandering <input type="checkbox"/> Cursing <input type="checkbox"/> Shutting down/refusing to complete task <input type="checkbox"/> Throwing objects <input type="checkbox"/> Other _____	
Objectively describe the incident:	
Intervention(s)/effort(s) attempted to de-escalate student prior to or during physical restraint/seclusion (explain/describe):	
Restraint Program used by school/district? Type of restraint used (i.e prone, supine, standing)? Number of people involved in the restraint?	

¹ To be completed within 24 hours following the incident.

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Describe what occurred after student was restrained/secluded?

C. Staff administering the physical restraint/seclusion				
Staff: (Print Name)	Position:	Received training prior to restraint/seclusion:	Restraint Method	Restraint Certified:
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Was there any injury to staff and/or students(s):
 Staff: No Yes If yes, describe: _____
 Student(s): No Yes If yes, describe: _____

Was medical treatment sought for the student as a result of the use of physical restraint:
 No Yes, by district Yes, by parent(s) (if known to district)

D. Staff observing the incident	
Staff: (Print Name)	Position:

E. Parent Notification			
(Parent(s) should be verbally or electronically notified within 24 hours, or written communication sent within 48 hours, of the incident. A copy of the Incident Record (A-F) should be sent to the parent(s) within 1 school day of the Record being completed.)			
Name of parent(s)/ guardian(s) contacted:	Time of contact:	Type of notification: <input type="checkbox"/> Verbal <input type="checkbox"/> Electronic <input type="checkbox"/> Written	Staff member who contacted parent(s)/ guardian(s):
	Date:		

F. Administrator Notification

(An administrator should be notified as soon as possible but no later than the end of the school day on which the incident occurred.)

Name of administrator contacted:	Time of contact:	Type of notification: <input type="checkbox"/> Verbal <input type="checkbox"/> Electronic <input type="checkbox"/> Written	Staff member who contacted administrator:
	Date:		

G. Debriefing Information
 (To be completed within 2 school days of the incident by all district personnel present before and/or during the incident.)

Date of debriefing meeting:	Time:	Location:
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Debriefing for **restraint/seclusion** (circle type):

Consideration of:

- What is the student’s social/medical history?
- What are the results of any of the student’s Functional Behavioral Assessment(s)?
- What is outlined in the student’s Behavior Intervention Plan and was it implemented?
- What are the Special Factors listed in the student’s Individualized Education Program (IEP)?
- What are the training needs of the staff relative to restraint/seclusion?
- What are the parent’s concerns?
- How often has the student been restrained/secluded (frequency/duration)?

What actions need to be taken to prevent and reduce the need for restraint/seclusion?

District Personnel _____

Student _____

Parent _____

Printed name of those attending debriefing meeting	Signature of those attending debriefing meeting	Position

This report has been prepared by **(Name / Position)**:

