

Revised: April 9, 2019

**Seneca Highlands IU9
Use of Physical Restraint Form**

This form is to be completed by the staff member who initiated the restraint and submitted to the building principal and special education supervisor following the restraint. The student's parents will be notified within one school day of the restraint by the principal, supervisor or their designee. Staff completing the form should keep a copy for his/her records. PLEASE COMPLETE BOTH SIDES

Student /PA Secure Student ID#:		Date of Report:	Date of Restraint:	Time of Restraint:
Name of Staff Member Completing Form:		Student's Disability:		
School Attending:		Student's Grade & Age		
Home School District:		Physical location where restraint occurred:		
Antecedents to Unsafe Behavior:		De-escalation techniques Used:		
Describe Student Behavior that Led to use of Restraint:				
Type(s) of restraint used:		Was a <i>Prone</i> Restraint used (circle one) YES NO	Were staff trained & Certified in use of de-escalation / restraints: YES NO	
Length of time restraint lasted:		Was the use of restraints listed in the student's IEP? (circle one) YES NO	Number of staff who conducted the restraint:	
Staff titles of individuals who conducted the restraint:				
Did any injury occur to student and/or staff? If so, what kind?				
<i>The school principal or special education supervisor is responsible to complete the following:</i>				
Date of parent notification of the use of a restraint:		Date IEP team meeting held:	Was the student who was restrained referred to law enforcement? YES NO	If Appropriate, Date waiver of IEP team meeting signed by parent:
Was an IEP team meeting held within 10 school days of the restraint? YES NO	Date the injury of student or staff was reported to the BSE (max 3days):	Please check which were considered & discussed during IEP Meeting:		
		___ FBA ___ Initial Evaluation ___ Reevaluation	___ New Behavioral Support Plan ___ Revised Behavioral Support Plan	___ Change of Placement ___ IEP Mtg. Results in no changes

Revised: April 9, 2019

Staff Debriefing

(TO OCCUR WITHIN 24-48 HOURS OF THE INCIDENT)

When possible all staff involved should participate in debriefing in order to provide the following information to the best of their recollection.

Date and time of Debriefing: _____

Staff Persons Involved in the Debriefing: _____

Was the use of a restraint appropriate? (mark one) Yes _____ No _____

Explain: _____

1. Discuss the: **Antecedent** to the behavior that led to the restraint or escort (What others were doing, what were the instructional expectations, what peers, and adults were doing **before** the behavior).

Discuss what could have been done differently in order to avoid the circumstances that led to the unsafe behavior and what **De-escalation strategies** were attempted (i.e. help, prompt, wait):

2. Did the physical intervention that was selected (restraint used) take into account the information from the student's Crisis Plan? Yes _____ No _____

If No, explain a plan of action to address situation: _____

3. Post-implementation procedures (e.g when and how was student returned to normal schedule, if student de briefing occurred what was the outcome, also document outcomes of staff de-briefing)

What, if anything, could have been done in order to end the restraint sooner: _____

Any problems during the initiation or process of restraint: Yes _____ No _____

If yes, explain what, and the directions given to address problems: _____