

*Gender Identifies as: Male Female Non-binary

*Primary Disability – This section should only offer the Section 504 Plan and then listing using MA terms (ex. We don't say Traumatic Brain Injury. MA says Neurological impairment.) Just copy from the MA list.

*Date of Incident:

*Start Time, restraint (HH:MM, AM/PM)

*End Time, restraint (HH:MM, AM/PM)

*Location at which restraint occurred:

- | | |
|--|--|
| <input type="checkbox"/> Vocational Shop | <input type="checkbox"/> General Education Classroom |
| <input type="checkbox"/> Bus/Bus Zone | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Courtyard | <input type="checkbox"/> Off Campus |
| <input type="checkbox"/> Other | |

If other or off campus, please describe:

*Crisis Management Training Strategy Used (specific to this incident):

If other, please describe:

*Type of most restrictive restraint used:

- Seated
- Standing
- Prone (lying face down)
- Supine (lying face up)
- Immobilization while in transport
- Mechanical

If mechanical, please describe:

*Person(s) using or assisting in restraint:

First Name	Last Name	Position

Non-student witnesses:

First Name	Last Name	Position

*Indicates what was happening before the restraint occurred (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Given a direction | <input type="checkbox"/> Transitioning to another activity |
| <input type="checkbox"/> Interacting with peers | <input type="checkbox"/> Seeking attention |
| <input type="checkbox"/> Given/serving a consequence | <input type="checkbox"/> Presented work |
| <input type="checkbox"/> Faced with unexpected change | <input type="checkbox"/> Other |

*Describe:

*Indicate the behavioral strategies used to prevent/de-escalate the behavior (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Offered choices/preferred activity/breaks | <input type="checkbox"/> Visually prompted/redirected |
| <input type="checkbox"/> Praised/encouraged | <input type="checkbox"/> Blocked behavior |
| <input type="checkbox"/> Verbally prompted/redirected | <input type="checkbox"/> Provided reinforcers |
| <input type="checkbox"/> Environment change | <input type="checkbox"/> Other |

*Describe:

*Indicate the behavior that warranted the use of restraint (check one only)

- Verbal threat/aggression
- Self-injurious behavior
- Physical aggression

- Unsafe behavior (ex. Climbing furniture)
- Running away
- Property destruction
- Other

*Describe:

*Indicate who was at risk of immediate physical harm (check all that apply)

- The student
- Other students
- Adults

*How was it determined there was imminent risk of serious injury or death to the student or others?

*Describe:

*Indicate what occurred with the student immediately after termination of the restraint (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Debriefing/problem solving | <input type="checkbox"/> Removal by parent |
| <input type="checkbox"/> Environment change | <input type="checkbox"/> Behavior escalated |
| <input type="checkbox"/> Return to activity/situation | <input type="checkbox"/> Removal by law enforcement |

*Describe:

*Did the **student** have any injuries, visible marks or medical emergencies occur during the use of restraint?

Yes

No

If yes, describe:

*Did **anyone else** (other students or adults) have any injuries, visible marks or medical emergencies occur during the use of restraint?

Yes

No

If yes, describe:

RESTRAINT Incident Report

Keep copy of the report for your records. Sign and return this page to Diman Intervention Coordinator.

Student First Name:

Student Last Name:

Student Middle Name (initial):

Date of Birth:

Date of Incident:

Time of Incident:

I acknowledge receipt of the incident report.

Parent Signature:

Today's Date:

Updated July 2020