***Physical restraint*** means the restriction of a student’s movement by one or more persons holding the student or applying physical pressure upon the student. (OAR 581-021-0550(3)(a)&(b)

***Seclusion*** means the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving. (OAR 581-021-0550(6))

***Restraint***or***Seclusion*** may be used when the student’s behavior imposes a reasonable threat of imminent, serious bodily injury to student or others; and less restrict interventions would not be effective. (OAR 581-021-0553(2))

|  |  |  |
| --- | --- | --- |
| **Student Name:**Click here to enter text. | SSID#:Click here to enter text. | Date of Birth:Click here to enter text. |
| [ ] IEP [ ] 504 Plan [ ] BIP | Grade:Click here to enter text. | School:Click here to enter text. |

Part 1: Incident

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| --- |
| **Incident Description:** **[ ] Restraint or** **[ ] Seclusion** (check one) |
| Date Incident Occurred:Click here to enter text. | Time restraint or seclusion began:Click here to enter text. | Time restraint or seclusion ended: Click here to enter text. |
| Location of Incident:[ ]  Classroom[ ]  Hall[ ]  Cafeteria[ ]  Playground[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Behavior(s) that led to restraint or seclusion:Click here to enter text. |
| Behavior(s) directed at:[ ]  Staff[ ]  Peers[ ]  Self[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Description of activity in which the student or other students were engaged in immediately preceding use of physical restraint or seclusion:Click here to enter text. |
| Thorough description of efforts made to de-escalate and alternatives to physical restraint or seclusion that were attempted:Click here to enter text. |
| If restraint, what restraint methodology used:Click here to enter text. | If restraint, what holds used:Click here to enter text. |
| If seclusion, location of the room:Click here to enter text. | If seclusion, room meets the following criteria:[ ]  Allows staff full view of the student in all areas of the room[ ] Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets |
| Student’s behavior during restraint or seclusion:Click here to enter text. | Student’s behavior after restraint or seclusion:Click here to enter text. |
| Staff member responsible for continuous monitoring during restraint or seclusion:Click here to enter text. | How restraint or seclusion ended: (check all that apply)[ ]  Determination by staff member that student was no longer a risk to self or others[ ]  Intervention by administrator(s) to facilitate de-escalation[ ]  Law enforcement personnel arrived[ ]  Staff sought medical assistance[ ]  Other |
| If restraint, staff administering restraint:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Trained/Certified to administer restraints | If “No” Explain |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No | Click here to enter text. |

 |
| Staff members/other adult witnesses (include name and position):Click here to enter text. |

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| **Parent Notification** (verbal notification by end of day, written notification within 24 hrs)\*if restraint lasts longer than 30 minutes, parents must be notified immediately |
| Name of parent(s) contacted:Click here to enter text.Phone #:Click here to enter text.Date and time of contact:Click here to enter text. | Documented attempts to contact parent if unable to contact (describe):Click here to enter text. | Contact made by the following staff member (name & position):Click here to enter text. |
| Debrief scheduled to occur on Date Cr text. Time Click herLocation Click here to enter text. |

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| --- |
| This incident report has been prepared by:Name:Click here to enter text. Position:Click here to enter text. Date:\_Click here to enter text. |

Part 2: Debrief

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| **Debriefing Information** |
| Date of debriefing:Click here to enter text. | Time of debriefing meeting:Click here to enter text. | Location of debriefing:Click here to enter text. |
| Debriefing notes:Click here to enter text. |
| What steps will be taken to help the student repair/restore relationships with students and staff who were directly involved in the incident:Click here to enter text. |
| What steps will be taken to help the student repair/restore relationships with the school community:Click here to enter text. |
| Further action(s) to be taken:Click here to enter text. |

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| **Signatures of staff attending debriefing meeting**(all involved staff must attend debriefing meeting & sign this form) | **Position** |
|  | Teacher |
|  | Administrator |
|  | Case Manager (if applicable) |
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