***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

|  |  |  |  |
| --- | --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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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