



Northwest Kansas Educational Service Center PHYSICAL RESTRAINT or SECLUSION INCIDENT REPORT

Student name _____ Restraint Seclusion

Student is on: IEP 504 Plan

School _____ Grade _____

Name of Person Completing the Report _____

Date of Report _____ Date of Incident _____ Begin Time _____ End time _____

Description of the Incident

Description of events/circumstances before behavior prompting use of restraint or seclusion (setting):

Classroom instructional time Classroom unstructured time Classroom transition between activities
 Hallway transition Cafeteria Playground Other: (use back if needed) _____

Efforts used to de-escalate/alternatives attempted (prevention): (check all used)

Changed environment Offered options Offered quiet space Offered sensory tools/calming techniques
 Offered snack Offered/went for walk Planned ignoring Reduced demands Talked 1:1 Used verbal redirection Other: _____

Student behavior which promoted the use of physical restraint/seclusion: (justification)

Physical aggression to another student to staff (ex. Hitting, kicking, shoving, throwing object at)
 Imminent threat of physical aggression to another student to staff
 Other _____

Description of the resolution and process of return of student to program (if appropriate):

Calm down, release, return to class Coaching before return to class Release to parent
 Discipline process initiated Other _____

Description of Restraint or Seclusion: Staff Involved; Admin Sign Off

Location of restraint: Classroom Hall Cafeteria Playground Other _____

Location of seclusion: Classroom Seclusion room Other: _____

Staff person(s) involved, and certification status:

 CPI Certified _____ CPI Certified

 CPI Certified _____ CPI Certified

If more than 30 minutes: (must be signed every 15 minutes)

Admin. Signature _____ Reason _____
Admin. Signature _____ Reason _____
Admin. Signature _____ Reason _____

Bodily Injury of Student or Staff in relation to restraint or seclusion

Injury to student (complete injury report) Injury to staff (complete employee accident report)

Parent Notification (within 24 hours)

End of day: Date: _____ Time: _____ Verbally By _____

Written report: Date: _____ Time: _____ Mailed By _____

Debriefing meeting will be held: Date _____ Time _____ Location _____

Parents/Guardians may attend. Behavior plan may be reviewed and updated at this meeting.

Copy of report forwarded to: Building Administration Superintendent Director of Special Education



Northwest Kansas Educational Service Center DEBRIEFING SUMMARY (recommended but optional)

Debriefing Date: _____ Debriefing Time: _____ Debriefing Location: _____

Name of person completing follow-up debriefing with staff: _____

Debriefing participants: (list all)

Information Reviewed

CPI techniques used (implementation)

If any person administering restraint/seclusion was not CPI trained, what was the reason?

Restraint/Seclusion Incident Report

FBA/BSP (required if 5 or more restraints/seclusions this school year)

Other: _____

Debriefing Notes:

Further Action Recommended

Review/revise FBA/BSP

Review/revise IEP

Consult with outside providers

Evaluation planning meeting

Other: _____

Next steps (who/when):

Copy of Debrief Report given to parent: Date _____ Method _____ By _____