(JKA-E) Student Restraint Incident Report Form

Student: ___________________________ School: __________________________

Date: ___________________________ Time: __________________________

Location: __________________________

Staff directly involved in restraint (include names and titles; attach supplemental statements, if any):

________________________________________________________________________

________________________________________________________________________

Witnesses (include names and titles):

________________________________________________________________________

________________________________________________________________________

Description of events immediately before the behavior occurred:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Efforts/alternatives made prior to the use of restraint:

_____ Teaching interaction

_____ Offered self-control strategy

_____ Verbal de-escalation

_____ Other(s) (please describe): __________________________


Type of restraint used:

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Time restraint began: ________________________________

Time restraint ended: ________________________________

Chronological description of incident (include behavior, statements made, actions taken):

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Resolution:

_____ Student calm/reintegrated into classroom/educational programming

_____ Student calm/additional time provided for de-escalation outside of instructional setting

_____ Additional support requested (medical/mental health/parent/police)

_____ Other(s) (please describe): ________________________________

Injuries or property loss/damage:

___________________________________________________________________

___________________________________________________________________
Persons notified of incident (include name, title, date and time notified):

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Name and title of person writing report

_________________  ____________________

Signature

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<tr>
<th>Checklist</th>
<th>Date</th>
<th>Comments</th>
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<td>If an injury to staff or student has occurred, submit student accident report and/or staff incident report.</td>
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<td>Executive director or designee verbally notify parent by end of the school day that the restraint was used.</td>
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<td>Conduct internal review of incident of restraint.</td>
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<td>Review documentation to ensure use of alternative strategies and recommend adjustments to procedures, if appropriate.</td>
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<td>Report emailed, mailed or faxed to parent within five calendar days of the use of restraint.</td>
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<td>If requested by parents or the school, convene a meeting (that may be an IEP, BIP or 504 meeting) to review the incident.</td>
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Copies: parent, student’s confidential file [required]