



# **Supporting Student Behavior: Guidelines for the Emergency Use of Seclusion and Restraint for Students with Disabilities**

**Office of Special Education Services**

**Office of Student Services**

**February 2013**

# **Supporting Student Behavior: Guidelines for the Emergency Use of Seclusion and Restraint for Students with Disabilities**

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## **I. Introduction**

Alexandria City Public Schools (ACPS) is committed to providing an educational environment for all students that is safe and conducive to learning. The Division has developed the following guidelines for seclusion and restraint in an effort for students with disabilities to be afforded an opportunity to learn in an environment where they feel safe and secure.

*The Virginia Department of Education Guidelines for the Development of Policies and Procedures for Managing Student Behaviors in Emergency Situations in Virginia's Public Schools: Focusing on Physical Restraint and Seclusion* were utilized in the formulation of these guidelines.

The guidelines are established to:

- promote the safety, welfare, and security of the school community and protect learning opportunities for all;
- require the use of proactive, effective strategies and evidence-based practices in behavior management to reduce or eliminate the use of seclusion and restraint;
- clearly define the terms “seclusion” and “restraint”; and
- clearly identify the procedures for the use of seclusion and restraint.

*The Supporting Student Behavior: Guidelines for the Emergency Use of Seclusion and Restraint* document:

- summarizes how a positive behavior support approach uses proactive strategies to reduce or eliminate the use of seclusion and restraint;
- defines the terms “seclusion” and “restraint”;
- outlines procedures for the emergency use of seclusion and restraint; and
- provides a framework for training.

## **II. Positive Behavior Support**

Positive Behavioral Interventions and Supports (PBIS) is a process for developing safer and more effective schools. PBIS is a decision making framework that guides the selection and implementation of evidence-based practices to improve academic and behavioral outcomes for *all* students.

PBIS focuses on establishing a positive social culture and providing the behavioral supports necessary for schools to be effective learning environments. Each school develops its own school-wide expectations, routines and procedures that reflect the essential elements of PBIS within its school culture.

School-wide and classroom processes and procedures are defined and taught to ensure consistency throughout the building. Positive social behaviors are taught and acknowledged in *all* parts of the school at *all* times of day. These practices provide the foundation for a positive social culture and effective learning environment. Evidence-based intervention strategies are put in place to address the behavioral needs of students requiring additional support.

Once these positive, proactive systems and practices are in place, schools use a team-based approach to problem-solving, planning, monitoring and evaluating the learning environment and behavioral supports for students.

As a part of the PBIS framework, attention must be given to emergency situations. School personnel need guidelines as to what is and is not appropriate in an emergency situation. Any use of seclusion or restraint must be viewed as a last resort and undertaken only by trained personnel who are familiar with positive behavior supports.

### **III. Training**

#### **A. Training Components**

Elements of training would include, as appropriate:

- proactive practices and strategies that ensure the dignity of students;
- de-escalation techniques;
- positive behavior support strategies;
- techniques to identify student behaviors that may trigger emergency safety situations;
- related safety considerations, including information regarding the increased risk of injury to students and staff when seclusion or restraint is used;
- instruction in the use of seclusion and restraint;

- identification of events and environmental factors that may trigger emergency safety situations; and
- instruction on the *ACPS Supporting Student Behavior: Guidelines for the Emergency Use of Seclusion and Restraint*.

## **B. Comprehensive Training for Key Identified Personnel**

School-based administrators shall identify key staff members that are trained and available for an emergency situation. Before using seclusion or restraint with students with disabilities, key identified personnel who may have to respond to an emergency safety situation will make every effort to be trained in:

- proactive practices and strategies that ensure the dignity of students;
- de-escalation techniques;
- positive behavior support strategies;
- techniques to identify student behaviors that may trigger emergency safety situations;
- related safety considerations, including information regarding the increased risk of injury to students and staff when seclusion or restraint is used;
- instruction in the use of seclusion and restraint;
- identification of events and environmental factors that may trigger emergency safety situations;
- instruction on the *ACPS Supporting Student Behavior: Guidelines for the Emergency Use of Seclusion and Restraint*;
- description and identification of dangerous behaviors;
- methods for evaluating the risk of harm to determine whether the use of seclusion or restraint is warranted;
- types of seclusion;
- types of restraint;
- the risk of using seclusion and restraint in consideration of a student's known and unknown medical or psychological limitations;
- the effects of seclusion and restraint on all students; and
- how to obtain medical assistance.

## **C. Training Schedule and Support**

Initial and recertification training in the emergency use of seclusion and restraint shall be provided on an annual basis and shall be coordinated by the Office of Special Education Services.

School-based administrators shall direct key identified personnel to meet on a periodic basis to review and practice seclusion and restraint procedures. The Office of Special Education Services shall be available to support key identified personnel with ongoing review and practice of seclusion and restraint procedures, as well as providing larger group trainings in the implementation of positive behavior support and crisis prevention and intervention.

## **IV. Seclusion**

### **A. Definition of Seclusion**

Seclusion is a last resort emergency safety intervention that provides an opportunity for the student to regain self-control. Seclusion is the confinement of a student in a room or other space from which the student is physically prevented from leaving and which provides for continuous adult observation of the student. A room or area used for seclusion:

- must not be locked;
- must not prevent the student from exiting the area should staff become incapacitated or leave that area; and
- must provide for adequate space, lighting, ventilation, and viewing to ensure the safety of the student.

### **B. Limitations in Use**

#### **1. Seclusion shall not be used:**

- for the convenience of staff;
- as a substitute for an educational program;
- as a form of discipline/punishment;
- as a substitute for less restrictive alternatives;
- as a substitute for adequate staffing; or

- as a substitute for staff training in positive behavior support and crisis prevention and intervention.
2. Seclusion is not an acceptable practice for students who are severely self-injurious or suicidal.

### **C. Definition of Timeout**

Timeout is a behavior intervention that is implemented for a limited and specified time to help a student to regain control. Timeout requires that the student be removed from his immediate environment to a different, open location within the classroom until the student is calm or the problem behavior has subsided.

Timeout should not be confused with seclusion because in a timeout setting a student's movement is not physically restricted.

Timeout lies within a continuum of procedures that help students self-regulate and control their behavior. The timeout continuum is:

- planned ignoring;
- withdrawal of materials;
- contingent observation; and
- exclusionary timeout.

### **D. Use of Emergency Seclusion**

A behavior that requires immediate intervention constitutes an emergency. Emergency seclusion must be used only under emergency situations and if essential. An emergency that may require the use of seclusion includes behavior that:

- poses an imminent risk to the safety of an individual student; or
- poses an imminent risk to the safety of others.

## E. General Procedures for Emergency Seclusion

1. An emergency seclusion may not be used in place of appropriate less restrictive interventions.
2. Emergency seclusion shall be performed in a manner that is:
  - safe;
  - appropriate; and
  - proportionate to and sensitive to the student's:
    - severity of behavior;
    - chronological and developmental age;
    - physical size;
    - gender;
    - physical condition;
    - medical condition;
    - psychological condition; and
    - personal history, including any history of physical or sexual abuse.
3. Staff shall immediately call for help from within the building at the onset of an emergency.
  - An LEA must ensure that substitute teachers are informed of all local emergency procedures, including the emergency use of seclusion and restraint.
4. **Time and Duration** – *Emergency seclusion* should not be used any longer than necessary to allow a student to regain control of his/her behavior, but generally:
  - elementary school students – no longer than 15 minutes; and
  - middle and high school students – no longer than 20 minutes.
  - If an emergency seclusion lasts longer than the suggested maximum time, the following are required:
    - additional support (e.g., change of staff, introducing a nurse, psychologist, or social worker, obtaining additional expertise); and
    - documentation to explain the extension beyond the time limit.

**5. Staff Requirements** – While using seclusion, staff will make every effort to:

- involve appropriately-trained key identified personnel to protect the care, welfare, dignity, and safety of the student;
- continually observe the student in seclusion for indications of physical distress and seek medical assistance if there is a concern; and
- document observations on the seclusion watch log document

**6. Documentation and Reporting** – The use of an emergency seclusion and the reason for the use shall be:

- documented in writing on the *Seclusion Report Form* and reported to the building administration immediately; and
- reported to the responsible family member or guardian immediately or by close of business on the day of the incident.

**7. Reoccurring Behavior** – Should a pattern of behavior emerge, or be anticipated, which may require the use of *emergency seclusion*, the school personnel will make every effort to (as deemed appropriate):

- conduct a functional behavioral assessment;
- develop or revise a positive behavior support plan to facilitate the reduction or elimination of the use of seclusion;
- develop an assessment and planning process conducted by a team knowledgeable about the student, including:
  - the responsible family member or guardian;
  - the student (if appropriate);
  - staff responsible for implementation of the positive behavior support plan; and
  - staff knowledgeable in positive behavior support.

*Note: It is essential to these guidelines that seclusion be used only in response to an emergency as defined in this document, and not as a planned response for the convenience of staff, discipline or punishment, or as a substitute for an appropriate educational program.*

## **F. Prohibited Practices**

The following are prohibited under all circumstances, including emergency situations:

- corporal punishment as defined in §22.1-279.1 of the Code of Virginia;
- the deprivation of basic needs;
- anything constituting child abuse;
- seclusion of preschool children; and
- the intentional application of any noxious substance(s) or stimuli which results in physical pain or extreme discomfort. A noxious substance or stimuli can either be generally acknowledged or specific to the student.

## **V. Restraint**

### **A. Definitions**

There are three types of restraint: physical, chemical, and mechanical.

**1. Physical Restraint** involves direct physical contact that prevents or significantly restricts a student's movement. Restraint is a last resort emergency safety intervention. Restraint is an opportunity for the student to regain self-control. These guidelines on physical restraint are not intended to forbid actions undertaken:

- to break up a fight;
- to take a weapon away from a student;
- as a brief holding by an adult in order to calm or comfort;
- as the minimum contact necessary to physically escort a student from one area to another;
- to assist a student in completing a task/response if the student does not resist or resistance is minimal in intensity or duration; or
- to hold a student for a brief time in order to prevent an impulsive behavior that threatens the student's immediate safety (e.g., running in front of a car).

**2. Chemical Restraint** is the administration of medication for the purpose of restraint. Chemical restraint does not apply to medication prescribed by and administered in accordance with the directions of a physician.

**3. Mechanical Restraint** means the use of any device, article, garment, or material attached to or adjacent to a student's body that restricts normal freedom of movement and that cannot be easily removed by a student.

Mechanical restraint does not include:

- an adaptive or protective device recommended by a physician or therapist (when it is used as recommended); or
- safety equipment used by the general student population as intended (e.g., seat belts, safety harness on school transportation).

## **B. Limitations in Use**

Restraint shall not be used for:

- the convenience of staff;
- as a substitute for an educational program;
- as a form of discipline/punishment;
- as a substitute for less restrictive alternatives;
- as a substitute for adequate staffing; or
- as a substitute for staff training in positive behavior support and crisis prevention and intervention.

## **C. Use of Emergency Restraint**

A behavior that requires immediate intervention constitutes an emergency. Emergency restraint must be used only under emergency situations and if essential. An emergency that may require the use of restraint includes behavior that:

- poses an imminent risk to the safety of an individual student; or
- poses an imminent risk to the safety of others.

## **D. General Procedures for Emergency Restraint**

1. An emergency restraint procedure may not be used in place of appropriate less restrictive interventions.
2. Emergency restraint shall be performed in a manner that is:
  - safe;
  - appropriate; and
  - proportionate to and sensitive to the student's:
    - severity of behavior;
    - chronological and developmental age;
    - physical size;
    - gender;
    - physical condition;
    - medical condition;
    - psychological condition; and
    - personal history, including any history of physical or sexual abuse.
3. **Staff** shall immediately call for help from within the building at the onset of an emergency.
  - the LEA must ensure that substitute teachers are informed of all local emergency procedures, including the emergency use of seclusion and restraint.
4. **Time and Duration** – Restraint should not be used:
  - any longer than necessary to allow students to regain control of their behavior; and
  - generally no longer than ten minutes.

If an emergency restraint lasts longer than ten minutes, the following are required:

- additional support (e.g., change of staff, introducing a nurse, psychologist, or social worker, obtaining additional expertise); and
- documentation to explain the extension beyond the time limit.

**5. Staff Requirements** – While using restraint, staff will make every effort to:

- involve appropriately-trained key identified personnel to protect the care, welfare, dignity, and safety of the student;
- continually observe the student in restraint for indications of physical distress and seek medical assistance if there is a concern; and
- document observations.

**6. Documentation and Reporting** – The use of an emergency restraint shall be:

- documented on the *Emergency Restraint Support Form* and reported to the building administration; and
- reported to the responsible family member or guardian immediately or by close of business on the day of the incident.

**7. Reoccurring Behavior** – Should a pattern of behavior emerge, or be anticipated, which may require the use of emergency restraint school staff shall consider the following options for follow-up:

- conduct a functional behavioral assessment;
- develop or revise a positive behavior support plan to facilitate the reduction or elimination of the use of restraint;
- develop an assessment and planning process conducted by a team knowledgeable about the student, including:
  - the responsible family member or guardian;
  - the student (if appropriate);
  - staff who are responsible for implementation of the positive behavior support plan; or
  - staff who are knowledgeable in positive behavior support.

*Note: It is essential to these guidelines that restraint be used only in response to an emergency as defined in this document, and not as a planned response for the convenience of staff, discipline or punishment, or as a substitute for an appropriate educational program.*

## **E. Prohibited Practices**

The following procedures are prohibited under most circumstances (except as noted), including emergency situations:

- mechanical restraint (except under the direct application of a uniformed police officer);
- chemical restraint;
- corporal punishment as defined in §22.1-279.1 of the Code of Virginia;
- the deprivation of basic needs;
- anything constituting child abuse;
- any restraint that negatively impacts breathing;
- Prone restraint (except under the direct application of a uniformed police officer);
  - school personnel who find themselves involved in the use of a prone restraint as the result of responding to an emergency must take immediate steps to end the prone restraint; and
- the intentional application of any noxious substance(s) or stimuli which results in physical pain or extreme discomfort. A noxious substance or stimuli can either be generally acknowledged or specific to the student.

## **F. Risk and Danger of Restraints**

As there are risks involved any time physical restraint is used, appropriately-trained key identified personnel shall use physical restraint only as a last resort when dealing with a student whose behavior requires emergency restraint. Key identified personnel shall always consider the option of disengaging if the student is not of danger to himself/herself or others. Every measure should be taken to ensure the safety of everyone involved.

# Appendix A

## RELEVANT TERMINOLOGY

For the purposes of this document, the following terms and definitions are provided. Where available, definitions are cited from existing laws, regulations, and technical assistance resources. Accordingly, the majority of the definitions in this section are cited in the glossary section of a Virginia Department of Education technical assistance resource document entitled *Discipline of Students with Disabilities*.

**“Abused or neglected child”** means any child less than 18 years of age whose parents or other person responsible for his care creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a physical or mental injury by other than accidental means, or creates a substantial risk of death, disfigurement, or impairment of bodily or mental functions...; or whose parent or other person responsible for his care neglects or refuses to provide care necessary for his health...; or whose parents or other person responsible for his care abandons such child; or whose parents or other person responsible for his care commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law; or who is without parental care or guardianship caused by the unreasonable absence or the mental or physical incapacity of the child's parent or guardian, legal custodian or other person standing in loco parentis. (See §63.2-100 of the *Code of Virginia* for the full text of the definition of the term "abused or neglected child.")

**“Aversive intervention”** means any action used to punish a student or to eliminate, reduce, or discourage the problem behavior by use of any of the following, many of which are prohibited by the *Code of Virginia*:

1. Noxious odors and tastes;
2. Water and other mists or sprays;
3. Blasts of air;
4. Corporal punishment as defined in Section 22.1-279 of the *Code of Virginia*;
5. Verbal and mental abuse;
6. Placement of a student alone in a room, where the door is locked or held shut and the student is prevented from leaving the room;
7. Forced exercise where
  - a. the student’s behavior is related to his/her disability;
  - b. the exercise would have a harmful effect on the student’s health, or
  - c. the student’s disability prevents participation in activities; and

8. Deprivation of necessities, including
  - a. food or liquid at a time when it is customarily served;
  - b. medication, or
  - c. use of restroom.

**“Behavior Intervention”** means a systematic implementation of procedures that result in lasting positive changes in an individual’s behavior. Interventions may include positive strategies, program or curricular modifications, and supplementary aids and supports required to address the disruptive behaviors in question.

**“Business day”** means Monday through Friday, 12 months of the year, exclusive of federal and state holidays (unless holidays are specifically included in the designation of business days).

**“Calendar day”** means consecutive days, inclusive of Saturdays, Sundays, and officially designated holidays at the school division level. Whenever any period of time expires on Saturday, Sunday, or school holiday, the period of time for taking such action is extended to the next day, that is not Saturday, Sunday, or school holiday.

**“Corporal punishment”** means the infliction of, or causing the infliction of, physical pain on a student as a means of discipline.

**“De-escalation techniques”** means strategically employed verbal or non-verbal interventions used to reduce the intensity of threatening behavior before a crisis situation occurs.

**“Emergency”** means a situation that requires a person(s) to take immediate action to avoid harm, injury, or death to a student or to others.

**“Emergency Safety Intervention”** means the use of seclusion or restraint to de-escalate student behavior that poses an imminent risk to the safety of an individual student and others.

**“Exclusion”** means the removal of a student to a supervised area for a limited period of time during which the student has an opportunity to regain self-control and is not receiving instruction including special education, related services, or support.

**“Functional Behavioral Assessment (FBA)”** means the systematic process of gathering information to guide the development of a positive, effective, and efficient behavioral intervention plan for a problem behavior. The process includes:

1. a description of the problem behavior;
2. the identification of environmental and other factors and settings that contribute to or predict the occurrence, nonoccurrence, and maintenance of the behavior over time; and

3. the determination of the underlying cause or functions of a student's behavior that impede the learning of the student with a disability or the learning of the student's peers.

A Functional Behavioral Assessment may include a review of existing data or new testing or evaluation as determined by the IEP team.

**“General curriculum”** means the curriculum adopted by a school division, schools within the school division, or where applicable the Virginia Department of Education, for all students from preschool through secondary school. The term relates to the content of the curriculum and not to the setting in which it is taught. It includes career and technical education. Courses in the general curriculum maintain their curriculum integrity even when provided to students with disabilities.

**“Informed Consent”** means a parent or guardian has been fully informed of all information relevant to the activity for which consent is sought. The parent or guardian agrees in writing to the carrying out of the activity and that granting of consent is voluntary and may be revoked.

**“Long-term removal”** means suspension of a student with a disability to an alternative setting for more than 10 consecutive school days in a school year; or, when the student is subjected to a series of removals that constitute a pattern because they cumulate to more than 10 school days in a school year.

**“Physical Escort”** is the touching or holding of a student with a minimum use of contact for the purpose of directing movement from one place to another.

### **Restraint**

- **“Chemical Restraint”** means the administration of medication for the purpose of reducing or restricting an individual’s freedom of movement.
- **“Mechanical Restraint”** means the use of any device, article, garment, or material attached or adjacent to the student's body that the student cannot easily remove, and that restricts freedom of movement.
- **“Physical restraint”** means the use of any physical method of restricting an individual’s
  1. freedom of movement, physical activity, or to prevent a student from moving his/her body to engage in a behavior that places him/her or others at risk of physical harm. Physical restraint does not include:
  2. briefly holding a student in order to calm or comfort the student; or
  3. holding a student's hand or arm to escort the student safely from one area to another.

**“Positive Behavior Support”** means a research-based system that addresses challenging behaviors in a collaborative, comprehensive, research-validated, and humane manner.

**“Positive Behavior Support Plan”** means the design, implementation, and evaluation of individual or group instructional and environmental modifications, including programs of behavioral instruction, to produce significant improvements in behavior through skill acquisition and the reduction of problematic behavior.

**“Prohibited Practices”** means procedures prohibited under all circumstances including emergency situations.

**“Removal”** means excluding the student from the place where current educational services are provided.

**“School day”** means any day, including a partial day, in which students are in attendance at school for instructional purposes. The term has the same meaning for all students in school, including students with and without disabilities.

**“Seclusion”** means the confinement of a student alone in a room from which the student is physically prevented from leaving.

**“Short-term removal”** means suspending a student with a disability to an alternative setting for 10 school days or less in a school year. It also applies to removals when the cumulative amount is 10 school days, but not consecutive, and does not constitute a pattern or change of placement.

**“Time-out”** means assisting a student to regain control by removing the student from his immediate environment to a different, open location within the classroom until the student is calm or the problem.

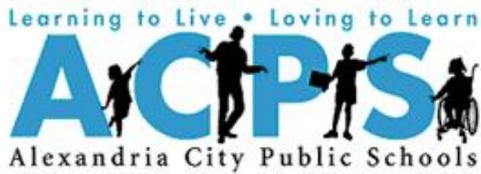
- **Timeout Continuum**

- **“Planned Ignoring”** is the systematic withdrawal of social attention for a predetermined time period upon the onset of mild levels of problem behavior.
- **“Withdrawal of Materials”** occurs when materials that the student is using are removed upon the occurrence of the inappropriate behavior.
- **“Contingent Observation”** takes place when the student remains in a position to observe the group without participating or receiving reinforcement for a specified period of time.
- **“Exclusionary Timeout”** occurs when the student is removed from the immediate instructional setting in response to behavior that requires immediate and direct cessation. This form of timeout can take place within the same classroom or in a nearby location supervised by an adult.

# Appendix B

- A. Seclusion Watch Log Form
- B. Seclusion Report Form
- C. Emergency Restraint Report Form





# Office of Special Education Services

## Seclusion Report Form

### STUDENT INFORMATION

Name of Student: \_\_\_\_\_ Date of Seclusion: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender:  Male  Female Grade Level: \_\_\_\_\_  
Does student currently receive special education services or if the student  
being evaluated for eligibility for special education services?  Yes  No School: \_\_\_\_\_  
Date of this Report: \_\_\_\_\_ Site of Selection: \_\_\_\_\_  
This report prepared by: \_\_\_\_\_ Position: \_\_\_\_\_

### Staff administering seclusion:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Staff monitoring seclusion:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Administrator who was verbally informed following the selection:

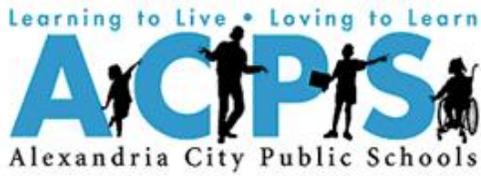
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

### PRECIPITATING ACTIVITY/DESCRIPTION OF SECLUSION:

Does the student's IEP include the use of seclusion?  Yes  No

**If No:** Description of the risk of immediate or imminent injury to the student secluded or others that required the use of seclusion:

**If Yes or No:** Description of other steps, including attempts at verbal de-escalation to prevent the use of seclusion:



# Office of Special Education Services

## Seclusion Report Form

### MONITORING OF SECLUSION:

Regular evaluation of the student being secluded for signs of physical distress:

Time:		Evaluation:	

Time seclusion began: \_\_\_\_\_ Time seclusion ended: \_\_\_\_\_

Total Time (in minutes): \_\_\_\_\_

### CESSATION OF SECLUSION:

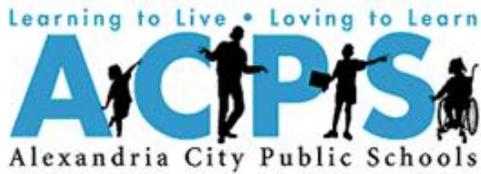
- How seclusion ended (*check all that apply*):
- Determination by staff member that student was no longer a risk to himself/herself or others
  - Intervention by administrator(s) to facilitate de-escalation
  - Law enforcement personnel arrived
  - Staff sought in-house assistance
  - Community emergency personnel arrived
  - Termination per instruction in IEP/behavior plan
  - Other (*describe*):

### INJURY STATUS:

- No injury
- Description of injury to student/staff and any medical/first aid care provided:

Time medical staff checked injured person: \_\_\_\_\_

Medical staff actions: \_\_\_\_\_



# Office of Special Education Services

## Seclusion Report Form

Medical staff name: \_\_\_\_\_

This incident report filed with the following school division official: \_\_\_\_\_

Date: \_\_\_\_\_

### FURTHER ACTION TO BE TAKEN:

The school may consider the following actions (*check all that apply*):

- Review incident with student to address behavior that precipitated the seclusion
- Debrief staff regarding incident
- Further contact with parents (*describe*):
- Convene IEP team to review/revise positive behavior support plan and/or IEP
- Convene IEP team to discuss functional behavior assessment

### PARENTS/GUARDIAN NOTIFICATION (*required for all seclusion*):

Parent who was verbally informed for this seclusion:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Called by: \_\_\_\_\_ Title: \_\_\_\_\_

Date Notice Mailed to Parents: \_\_\_\_\_ (Must be mailed home within 24 hours of in incident)

Mailed by: \_\_\_\_\_ Title: \_\_\_\_\_

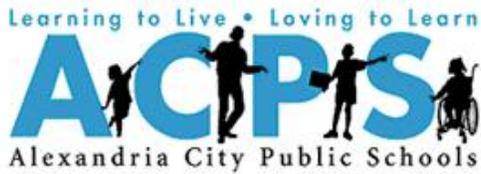
Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Building Administrator*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

*School Psychologist/School Social Worker*

**Copies of the report shall be sent to the responsible family member or guardian and the Office of Special Education Services. A copy shall also be filed in the student's educational record.**



# Office of Special Education Services

## Emergency Restraint Report Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Grade: \_\_\_\_\_ Duration of Incident: \_\_\_\_\_

Person Conducting Restraint: \_\_\_\_\_

Witnesses: \_\_\_\_\_

**Describe the incident requiring crisis intervention:**

What was the antecedent to the crisis situation?

\_\_\_\_\_

What were the behaviors prior to the crisis situation? What was the duration of the behaviors?

\_\_\_\_\_

Please indicate which behavior strategies were used prior to using restraint:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Environmental modifications | <input type="checkbox"/> Prompting              | <input type="checkbox"/> Calming gesture     |
| <input type="checkbox"/> Physical guidance           | <input type="checkbox"/> Verbal redirection     | <input type="checkbox"/> Proximity control   |
| <input type="checkbox"/> Planned ignoring            | <input type="checkbox"/> Positive attention     | <input type="checkbox"/> Directive statement |
| <input type="checkbox"/> Time away offered           | <input type="checkbox"/> Consequences attempted | <input type="checkbox"/>                     |
|  |   | Other: _____                                 |

What was the duration of the restraint?

\_\_\_\_\_

How was the crisis situation resolved?

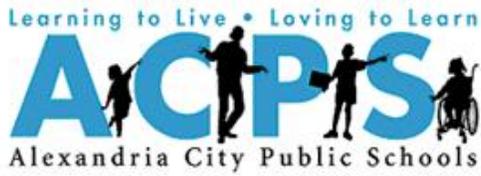
\_\_\_\_\_

**Were any of the four criteria of unsafe behavior present?**

- |  |   |
|--|---|
| <input type="checkbox"/> Injury (harm to self or others) | <input type="checkbox"/> Damage to property   |
| <input type="checkbox"/> Escape or running away          | <input type="checkbox"/> Serious disruption (that prevents staff from maintaining safety and order) |

**What method of physical intervention?**

- |  |  |
|--|--|
| <input type="checkbox"/> Children's Control Position | <input type="checkbox"/> Team Control Position |
| <input type="checkbox"/> Transport Position          |  |



# Office of Special Education Services

## Emergency Restraint Report Form

### Nurse's Observations & Description

Was a nurse health check completed?  Yes  No

Describe any observations and treatment that may have resulted from this incident.

*(This includes observations and treatments to other students and staff.)*

Name of Nurse: \_\_\_\_\_ Nurse's Signature & Date: \_\_\_\_\_

Parent Contacted By: \_\_\_\_\_ Date Parent Notified: \_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Report Filed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Copies of the report shall be sent to the responsible family member or guardian and the Office of Special Education Services. A copy shall also be filed in the student's educational record.*