CODE: JGAB-Form-1 ADOPTED: 12/10/18

Physical Restraint Incident Reporting Form

Student Name			Date		School		Grade
Date of Incident		Time of Incident			Location of In	cident	
Length of Restraint	Tim		ne Began		Т	Time Ended	
Type of Incident	Unsafe/harmf	ul to self			nsafe/harmful (to others	
A. Narrative Descri	ption of Incident: hat occurred prior to	the behavior):					
Behavior Obser	ved:						
B. Attempted Interventions Prior to Restraint/Staff Response:							
Use of proximity			□Staff Change		□Use of supportive stance		
□Planned ignoring			□Verbal cues/prompts		Time out		
□Redirection/set limits			Directive statements			Choices	
Empathic listening/response			□Isolate student		Other:		
C. Restraint Used (Crisis Prevention Holds): Child Control Position Other				isport Techr	nique		
D. Outcome/What Occurred after the Restraint:							
□Student returned to class			□Stud	ent took a b	reak		
□Student went to alternative setting				ension:			
□Police involvement/citation issued			Dothe				
E Parent Contacted (required): Who was contacted:							
Time: By whom:							
	·						
		How:	□ Verba	al/Phone	UWri	tten Note	
F. Injury: 🛛 I	njury to Staff	Injury to self					
G. Staff Involved:	G. Staff Involved: Title				red Restraint?		minister Restraint?
				Yes	No	Yes	No
H. Debrief meeting will be held: (parent attendance optional) Date (within 2 days of incident): (include debriefing notes) Time: Location:							
I. Signature of staff	reporting						

* Send the completed form to: Building Administrator, Cum file, Working file, District Office/Special Education Office