

Centerville-Abington Community Schools
Physical Restraint/Seclusion Reporting Form

Complete an incident report form for the following reasons:

- Any person who imposes a restraint or seclusion is required to report its use to the school administrator as soon as possible, but in no event later than the end of the school day of its use.
- Any administrator is required to report the use of restraint or seclusion to the superintendent within three school days whenever one or more of the following are true.
 1. There is a death, injury, or hospitalization to staff or student as a result of restraint or seclusion.
 2. An individual employee or contracted service provider has engaged in the use of physical restraint or seclusion three (3) separate times on one (1) or more students.
 3. Physical restraint has been used for more than fifteen (15) minutes.
 4. Any student has been restrained or secluded three (3) or more times per school year.
 5. A student has been restrained or secluded more than once in a school day.
 6. A student has been restrained or secluded who is not on a behavior intervention plan.
 7. Restraint or seclusion has been used in violation of these rules, including the use of any prohibited form of restraint.

Core information:

Staff Member(s) Completing Form:	Staff Title(s):	Date/Time of Report:	Date/Time of Incident:
Student Name:	Age:	Gender:	Check if applicable: <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> BIP <input type="checkbox"/> RTI <input type="checkbox"/> Gen Ed
School Name:		Corporation Name: Centerville-Abington Community Schools	

Incident Information:

Date of Restraint or Seclusion:			
<input type="checkbox"/> Physical Restraint: The use of physical force to prevent an imminent and substantial risk of bodily harm to the student or others. <input type="checkbox"/> Seclusion: The confinement of a student alone in a room or area from which the student is prevented or reasonably believes he or she will be prevented from leaving.			
Location of Incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Office <input type="checkbox"/> Other:	Antecedent/Precipitating Events (describe all that occurred prior to the presenting behavior): a. Environment b. Adult c. Student		
	Time restraint/seclusion began: am/pm	Time restraint/seclusion ended: am/pm	Total duration of restraint/seclusion: mins
Reason for restraint/seclusion: <input type="checkbox"/> Physical aggression toward staff/student <input type="checkbox"/> Self-injurious behavior <input type="checkbox"/> Other	Description of behavior (Observable, measurable, severity, duration)		

Description of efforts made to deescalate and alternatives to physical restraint/seclusion that were attempted
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<input type="checkbox"/> Manage the environment	<input type="checkbox"/> Proximity	<input type="checkbox"/> Active listening
<input type="checkbox"/> Prompting	<input type="checkbox"/> Caring Gesture	<input type="checkbox"/> Give time/space
<input type="checkbox"/> Planned ignoring/positive	<input type="checkbox"/> Directive	<input type="checkbox"/> Other
<input type="checkbox"/> Attention	<input type="checkbox"/> Speaking Calmly	

Type of Restraint/Seclusion Used:

Restraint:

<input type="checkbox"/> Transport	<input type="checkbox"/> Time Out Room	<input type="checkbox"/> Counselor's Office
<input type="checkbox"/> Children's Control Position	<input type="checkbox"/> Classroom	<input type="checkbox"/> Other
<input type="checkbox"/> Team Control Position	<input type="checkbox"/> Principal's Office	
<input type="checkbox"/> Other:		

Reason for Termination of Restraint/Seclusion:

The student demonstrates that he/she is in unnecessary pain or significant physical distress indicating a possible need for emergency medical assistance or that his/her breathing or communication is compromised.

The student's behavior no longer poses an imminent danger or physical injury to the student or others or danger to the property.

Less restrictive interventions would be effective in stopping such imminent or physical injury or property damage.

*If multiple restraints occurred during the same episode (e.g., restraint was terminated but student re-escalated), record the following:

Reason for addition restraint/seclusion: Type or restraint: <input type="checkbox"/> Transport <input type="checkbox"/> Children's Control Position <input type="checkbox"/> Team Control Position	Type of Seclusion: <input type="checkbox"/> Time Out Room <input type="checkbox"/> Classroom <input type="checkbox"/> Principal's Office <input type="checkbox"/> Counselor's Office <input type="checkbox"/> Other	Time restraint/seclusion began: _____AM/PM	Time restraint/seclusion ended: _____AM/PM	Total duration of restraint/seclusion: _____Minutes
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Reason for addition restraint/seclusion: Type or restraint: <input type="checkbox"/> Transport <input type="checkbox"/> Children's Control Position <input type="checkbox"/> Team Control Position	Type of Seclusion: <input type="checkbox"/> Time Out Room <input type="checkbox"/> Classroom <input type="checkbox"/> Principal's Office <input type="checkbox"/> Counselor's Office <input type="checkbox"/> Other	Time restraint/seclusion began: _____AM/PM	Time restraint/seclusion ended: _____AM/PM	Total duration of restraint/seclusion: _____Minutes
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List of school personnel who administered/monitored the seclusion and restraint:

Name & Position/Title	Role in Restrain/Seclusion	CPI Certified?
	<input type="checkbox"/> Primary/lead <input type="checkbox"/> Secondary <input type="checkbox"/> Observer	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Primary/lead <input type="checkbox"/> Secondary <input type="checkbox"/> Observer	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Primary/lead <input type="checkbox"/> Secondary <input type="checkbox"/> Observer	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Primary/lead <input type="checkbox"/> Secondary <input type="checkbox"/> Observer	<input type="checkbox"/> Yes <input type="checkbox"/> No

Post, Response, Reporting:

Student Safety Evaluation	Time Completed: _____ am/pm	Staff Safety Evaluation	Time Completed: _____ am/pm
Evaluated by: _____	Role/Position _____	Evaluated by: _____	Role/Position _____

Did any injury or hospitalization occur as a result of the incident: Yes No

If yes, describe:

Post Procedures	Date & Time	Person(s) Completed
Debrief and process student		
Team convenes to review incident and relevant data (prior behavior date, incident reports, etc...)		
Reporting Procedures		
Notify parents/guardians by phone/email (by end of day)		
Notify parents/guardians in writing, including data/time of debrief meeting(within 24 hours)		
Notify building-based Administrator (by end of day)		
Notify Superintendent (when necessary see page 1)		

** Copy of this form to: Building Administrator, Student file, and Centerville Fayette Specials Services when necessary