

PHYSICAL RESTRAINT and/or SECLUSION INCIDENT REPORT

(Read Policy JGAB and Administrative Rules JGAB(1) for guidelines, and explanation of use of Restraint & Seclusion.)

Student: _____	D.O.B. _____	School: _____
Race: <input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Multiple

Date Incident Occurred: _____

Time Incident Occurred: _____

Date Report Initiated: _____

Date Reported to Parent: _____

(Parents must be provided verbal or electronic notification by the school staff following the use of physical restraint or seclusion by the end of the day on which the incident occurred and be invited to the debriefing meeting.)

What happened before the incident? _____

What efforts were used to deescalate the situation? _____

What happened during the incident? _____

What intervention did you do? Result? _____

What alternatives to physical restraint and/or seclusion were attempted? _____

<input type="checkbox"/> Behavior Plan Restraint	<input type="checkbox"/> Behavior Plan Seclusion
<input type="checkbox"/> Emergency Personal Restraint	<input type="checkbox"/> Emergency Personal Seclusion

If secluded, was it a locked room?

Yes No

How long was the student in restraint?*

_____ Minutes _____ Seconds

How long was the student in seclusion? *

_____ Minutes _____ Seconds

Type of Restraint and/or Seclusion:

Staff Administering Restraint and/or Seclusion:

Names of other staff/volunteers involved:

*Every 15 minutes after the first 30 minutes, an administrator must provide written authorization for the continuation of the physical restraint or seclusion, including providing documentation for the reason it is being continued.

Administrator Authorization? (Attach to this report)

45 minutes Yes No

60 minutes Yes No

75 minutes Yes No

90 minutes Yes No

105 minutes Yes No

120 minutes Yes No

135 minutes Yes No

150 minutes Yes No

165 minutes Yes No

180 minutes Yes No

From those listed above, identify who has been trained in Nonviolent Crisis Intervention (NCI):

Person completing Incident Report:

Name

Title

c. Debriefing Team

Parent

Cum. Folder/Special Ed. File

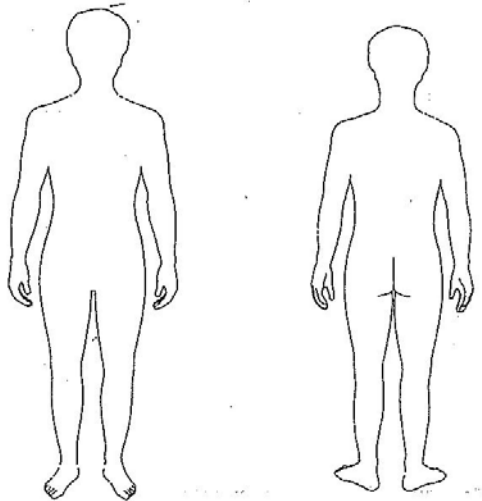
Special Educ. Administrator

Lincoln County School District

Code: **JGAB-AR (2)**
Adopted: 3/20/12
Revised: 4/29/14

Complete this section of the Incident Report if an injury occurred:

Type of Injury: _____
Location of Injury: _____
Size (Inches): _____
Treatment: _____



FRONT

BACK

Circle areas on the body outline to show any and all unusual markings and/or injuries.

c. Debriefing Team
Parent
Cum. Folder/Special Ed. File
Special Educ. Administrator

**INCIDENT REPORT CONTINUATION
 DEBRIEFING MEETING**

A documented debriefing meeting must be held within two school days after the use of restraint and/or seclusion; staff members involved in the intervention must be included in the meeting. The debriefing team shall include a building administrator. Use this part of the Incident Report form to provide more information if necessary and to provide a summary of the debriefing meeting.

Student: _____	Date: _____
Debriefing Team (Signatures): _____	_____
_____	_____
_____	_____
_____	_____

Review of Behavior Intervention Plan? No Yes

Change in Behavior Plan? No Yes (If yes, attach copy of revised behavior plan).

Information and/or Debriefing Meeting Summary/Written Notes: (In addition to this debriefing meeting summary if physical restraint and/or seclusion were administered by a person untrained in NCI, indicate why):

- c. Debriefing Team
- Parent
- Cum. Folder/Special Ed. File
- Special Educ. Administrator