

**CONTOOCCOOK VALLEY SCHOOL DISTRICT
PHYSICAL RESTRAINT INCIDENT REPORT
FORM JKAA-F1**

(See Policy JKAA and Procedures JKAA-R)

School Name: _____ Name of Student: _____

Date of Restraint: _____ Does student currently receive special education services? Yes: No:

Date of this report: _____ Site of restraint: _____

This report prepared by: _____ Position: _____

Staff administering restraint:

Name: _____ Title: _____

Restraint Resource Staff? Yes No If no, general restraint training? Yes No

Name: _____ Title: _____

Restraint Resource Staff? _____ Yes No If no, general restraint training? Yes No

Witnesses (if any):

Name: _____ Title: _____

Name: _____ Title: _____

Administrator who was verbally informed following this restraint:

Name: _____ Title: _____

Reported by: _____ Title: _____

Parent/guardian who was verbally informed of this restraint:

Name: _____ Telephone: () _____

Called by: _____ Title: _____

Date called: _____ Time called: _____

If attempts to contact parent were unsuccessful, describe attempts (time, manner, number, etc.)

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PRECIPITATING ACTIVITY:

Description of activity in which the restrained or other students were engaged immediately preceding use of physical restraint _____

Behavior that prompted restraint: _____

Efforts made to de-escalate and alternatives to restraint that were attempted: _____

DESCRIPTION OF PHYSICAL RESTRAINT:

Justification for initiating physical restraint (*check all that apply*):

- Non-physical interventions were not effective
- To protect student from imminent, serious, physical harm
- To protect other student/staff from imminent, serious, physical harm
- To implement necessary restraint in accordance with the student's IEP or other written plan (*describe pertinent provisions of the IEP or other written plan*):

Describe holds or restraint methods used and why such holds were necessary: _____

Student's behavior and reaction during restraint _____

Time restraint began: _____ Time restraint ended: _____

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CESSATION OF RESTRAINT:

How restraint ended (*check all that apply*):

- Determination by staff member that student was no longer a risk to himself or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought medical assistance
- Other (*describe*): _____

Description of any injury to student and/or staff and any medical or first aid care provided: _____

FURTHER ACTION TO BE TAKEN:

The school will take the following action and/or disciplinary sanctions (*check as many as apply*):

- Review incident with student to address behavior that precipitated the restraint.
- Review incident with staff to discuss whether proper restraint procedures were followed.
- Consider whether follow-up is necessary for students who witnessed the incident.
- Conduct a local investigation of any complaint regarding this restraint (*describe. investigation procedures*):
- Disciplinary action/sanctions taken by the program (*describe*): _____

- Student behavior plan reviewed and amended if necessary to address potential future incidents

____NO ____YES (check and explain below)

- *Potential Environmental change _____
- *Change in staff behavior _____
- *Change in student behavior _____
- *Other _____
- *Need to complete Functional Behavior Assessment _____
- *Need to refer to IEP/504 Support Team for decision making _____

NOTIFICATIONS:

____Administration ____Parents ____Police ____Special Education Case Manager
____Other DATE: _____

REPORTING AND FILING REQUIREMENTS: (To be completed by Principal or designee)

Date Incident Report filed with Principal: _____ (within 1 school day of incident)

Date Incident Report placed in Student's file: _____

Date Incident Report filed with Superintendent: _____ (within 2 school days of principal's receipt)

Date Incident Report sent to parent/guardian: _____ (within 2 school days of principal's receipt)

Date Nurse and/or Designee evaluated student: _____

Address for parent to which Incident Report sent: _____

Person forwarding report to parent: _____

**CONTOOCCOOK VALLEY SCHOOL DISTRICT
 BUILDING LOG FOR PHYSICAL RESTRAIN INCIDENTS
 FORM JKAA-F2**

(See Policy JKAA and Procedures JKAA-R)

School: _____

MONTH	NUMBER OF RESTRAINT INCIDENTS	NUMBER OF RESTRAINT INCIDENTS RESULTING IN INJURY TO STUDENTS	NUMBER OF RESTRAINT INCIDENTS RESULTING IN INJURY TO OTHERS
APRIL			
MAY			
JUNE			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
JANUARY			
FEBRUARY			
MARCH			

Principal's Signature: _____ Date: _____

CONTOOCCOOK VALLEY SCHOOL DISTRICT

**Sample Parent/Guardian Notification Letter Regarding Report of
Physical Restraint Incident**

(See Policy JKAA and Procedures JKAA-R)

[SCHOOL LETTERHEAD]

Date:

[parent/guardian name and address]

Dear

This is to inform you that on _____ it was necessary for our staff to intervene and perform a restraint on your daughter/son _____. This intervention took place after all other attempts to de-escalate the behavior either failed, or were deemed inappropriate at the time.

If you would like to discuss the use of this intervention, please call the school at (603) _____.

Sincerely,

Principal