CONTOOCOOK 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
Name: ____________________________________________ Title: ____________________________________________

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: ___________________________
CESSION 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: _________________________________________
## Building Log for Physical Restraint Incidents

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Principal's Signature: ___________________________________________ Date: _______________
Date: 
[parent/guardian name and address]

Dear [parent/guardian name and address],

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