

Houston Public Schools  
Minnesota Virtual Academy (MNVA)

# Restrictive Procedures Plan

Minnesota Statutes, Section 125A.0942, Subd. 1

- (a) **Schools that intend to use restrictive procedures shall maintain and make publicly accessible in an electronic format on a school or district web site or make a paper copy available upon request** describing a restrictive procedures plan for children with disabilities that at least
- (1) lists the restrictive procedures the school intends to use;
  - (2) describes how the school will implement a range of positive behavior strategies and provide links to mental health services;
  - (3) describes how the school will monitor and review the use of restrictive procedures, including:
    - (i) conducting post-use debriefings, consistent with subdivision 3, paragraph (a) clause (5); and
    - (ii) convening an oversight committee to undertake a quarterly review of the use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures; the number of times a restrictive procedure is used schoolwide and for individual children; the number and types of injuries, if any, resulting from the use of restrictive procedures; whether restrictive procedures are used in nonemergency situations; the need for additional staff training; and proposed actions to minimize the use of restrictive procedures; and
  - (4) includes a written description and documentation of the training staff completed under subdivision 5.
- (b) Schools annually must publicly identify oversight committee members who must at least include:

**FOR SCHOOL YEAR: 2016-2017**

- (i) a mental health professional, school psychologist, or school social worker;
  - Name **Deb Morse**
- (ii) an expert in positive behavior strategies;
  - Name **Steven Bacon**
- (iii) a special education administrator; and
  - Name **Laura Fredrickson**
- (iv) a general education administrator.
  - Name **Angela Specketer**

**Adopted:**  
**Revised:** September, 2016

## **School Building Restrictive Procedures Plan**

- **Restrictive procedures** means the use of physical holding or seclusion in an emergency. Restrictive procedures must not be used to punish or otherwise discipline a child.
- An **emergency** means a situation where immediate intervention is needed to protect a child or other individual from physical injury. Emergency does not mean circumstances such as: a child who does not respond to a task or request and instead places his or her head on a desk or hides under a desk or table; a child who does not respond to a staff person's request unless failing to respond would result in physical injury to the child or other individual; or an emergency incident has already occurred and no threat of physical injury currently exists.
- **Restrictive procedures may be used only in response to behavior that constitutes an emergency, even if written into a child's Individualized Education Program or Behavior Intervention Plan.**

### **I. Minnesota Virtual Academy (MNVA) intend to use the following restrictive procedure:**

#### **A. Physical holding:**

1. "Physical holding" means physical intervention intended to hold a child immobile or limit a child's movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a child in order to protect a child or other individual from physical injury.
2. The term physical holding does not mean physical contact that:
  - a) Helps a child respond or complete a task;
  - b) Assists a child without restricting the child's movement;
  - c) Is needed to administer an authorized health-related service or procedure; or
  - d) Is needed to physically escort a child when the child does not resist or the child's resistance is minimal.
3. Physical holding may be used only in an emergency.
  - a) Physical holding is the least intrusive intervention that effectively responds to the emergency;
  - b) physical holding is not used to discipline a noncompliant child;
  - c) physical holding ends when the threat of harm ends and the staff determines the child can safely return to the classroom or activity;
  - d) staff directly observes the child while physical holding is being used.
4. This school/district intends to use the following types of physical holding:
  - a) CPI's *Children's Control Position*<sup>SM</sup>
  - b) CPI's *Team Control Position*<sup>SM</sup>
  - c) CPI's *Holding in a Seated Position*<sup>SM</sup>
  - d) CPI's *Holding – Standing Position*<sup>SM</sup>
  - e) **At this writing, this school does not intend to use "prone restraint". ("Prone restraint" means placing a child in the face down position.)**

#### **B. MNVA does not intend to use "seclusion" as a restrictive procedure.**

*"Seclusion" means confining a child alone in a room from which egress is barred.*

- II. MNVA will implement a range of positive behavior strategies and provide links to mental health services.**
- A. Positive behavioral interventions and supports means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.**
- B. MNVA implements the following positive behavior strategies**
- i. MNVA work to establish peer mentorships across programs. Students are encouraged to interact during class connects and specific outings that are planned by committees and classroom teachers.
  - ii. Leveling systems to document appropriate behaviors within the school day
  - iii. Use of breaks when the student begins to demonstrate anxiety
  - iv. Time with the behavior interventionist
  - v. Exercise breaks to alleviate anxiety and stress
  - vi. Rewards for good behaviors, determined in partnership with parent/guardian
- C. MNVA provides the following link to mental health services available by county:**
- a. <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG>
  - b. <https://www.minnesotahelp.info/SpecialTopics/Youth>
  - c. <http://www.mentalhealthmn.org/find-support/resource-list/children-adolescent-resources>
  - d. <http://mental-health-facilities.healthgrove.com/d/I/Minnesota>
- III. MNVA will provide training on de-escalation techniques**
- A. MNVA provides the following training on using positive behavior interventions**
1. CPI (Crisis Prevention Institute)
  2. De-escalation strategies
- B. MNVA provides the following training on accommodating, modifying, and adapting curricula, materials, and strategies to appropriately meet the needs of individual students and ensure adequate progress toward the state's graduation standards**
1. SIM Content Enhancement Routines and Learning Strategies
  2. FASTBridge to determine student skill levels in reading and math
  3. Positive reinforcement and mentoring during home room activities.
- IV. This school will monitor and review the use of restrictive procedures in the following manner:**
- a. Documentation**
- i. Each time physical holding is used, the staff person who implements or oversees the physical holding documents, as soon as possible after the incident concludes, the following information:
    1. A description of the incident that led to the physical holding;
    2. Why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
    3. The time the physical holding began and the time the child was released; and
    4. A brief record of the child's behavioral and physical status.
  - ii. The school shall make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the child, or if the school is unable to provide same-day notice, notice is sent within two days by written or electronic means or as otherwise indicated by the child's parent within the student's Individualized Education Program.

- iii. Attached, as **Appendix B**, is this school's form used to document the use of physical holding or seclusion. *(This form is also located electronically in the district's/school's internet version of due process documents, "SpEd Forms". Team members will be using the electronic version of this form after using a physical hold and printing it for the student's file.)*

**C. Post-use debriefings consistent with documentation requirements:**

1. Each time physical holding is used, the staff person who implemented or oversaw the physical holding shall conduct a post-use debriefing with the following team members:
  - a) the staff person who implemented or oversaw the physical holding,
  - b) team member(s) who were involved with the holding,
  - c) team member(s) responsible to observe the holding,
  - d) and one individual not involved in the incident.
  - e) **The Assistant Director of Special Education will be notified when a physical hold has been done.** This debriefing will be **conducted within 24** hours after the incident, but **no more than 2 school days** after the incident
2. The post-use debriefing will review the following requirement to ensure the physical holding was used appropriately:
  - a) Whether the physical holding was used in an emergency.
  - b) Whether the physical holding was the least intrusive intervention that effectively responds to the emergency.
  - c) Whether the physical holding was used to discipline a noncompliant child
  - d) Whether the physical holding ended when the threat of harm ended and the staff determined that the child could safely return to the classroom or activity.
  - e) Whether the staff directly observed the child while physical holding was being used.
  - f) Whether the documentation was completed correctly.
  - g) Whether the parents were correctly notified.
  - h) Whether an IEP team meeting needs to be scheduled.
  - i) Whether the appropriate staff used physical holding.
  - j) Whether the staff that used physical holding was appropriately trained.
3. If the post-use debriefing reveals that the use of physical holding was not used appropriately, MNVA administration will determine if immediate corrective action is warranted. Corrective action may include any of the following actions. The staff person(s) who require corrective action will not be permitted to participate in holds until the corrective action is successfully completed:
  - a) Teacher/staff person attends refresher course for CPI
  - b) Teacher/staff person attends full initial certification for CPI
  - c) Teacher/staff person removed from the setting
  - d) Teacher/staff person required to observe restrictive procedures being conducted appropriately.

4. Attached, as **Appendix C**, is this district's/school's form used to document the *Staff Debriefing Meeting*. (This form is also located electronically in the district's/school's internet version of due process documents, "SpEd Forms". Team members will be using the electronic version of this form after using a physical hold and printing it for the student's file.)

**D. Individualized Education Program Team Meetings**

1. **When:** The district must hold a meeting of the Individualized Education Program team,
  - a) within ten calendar days after district staff use restrictive procedures on two separate school days within 30 calendar days or
  - b) a pattern of use emerges and the child's Individualized Education Program or
  - c) the behavior intervention plan does not provide for using restrictive procedures in an emergency; or
  - d) at the request of a parent or the district after restrictive procedures are used.
2. **What:** The district must hold a meeting of the Individualized Education Program team,
  - a) conduct or review a functional behavioral analysis,
  - b) review data,
  - c) consider developing additional or revised positive behavioral interventions and supports,
  - d) consider actions to reduce the use of restrictive procedures,
  - e) and modify the individualized education program or behavior intervention plan as appropriate.
  - f) must review any known medical or psychological limitations, including any medical information the parent provides voluntarily, that contraindicate the use of a restrictive procedure,
    - i. consider whether to prohibit that restrictive procedure,
    - ii. and document any prohibition in the Individualized Education Program or behavior intervention plan.
  - g) If the Individualized Education Program team determines that existing interventions and supports are ineffective in reducing the use of restrictive procedures OR the district uses restrictive procedures on a child on ten or more school days during the same school year, the team, as appropriate, either
    - i. must consult with other professionals working with the child;
    - ii. consult with experts in behavior analysis, mental health, communication, or autism;
    - iii. consult with culturally competent professionals;
    - iv. review existing evaluations, resources, and successful strategies; **or**
    - v. consider whether to reevaluate the child.
  - h) The district must review use of restrictive procedures at a child's annual Individualized Education Program meeting when the child's Individualized Education Program provides for using restrictive procedures in an emergency.
  - i) The Individualized Education Program or behavior intervention plan shall indicate how the parent wants to be notified when a restrictive procedure is used.

3. **Removal by a Peace Officer:** In addition, if a pupil who has an Individualized Education Program is restrained or removed from a classroom, school building, or school grounds by a peace officer at the request of a school administrator or a school staff person during the school day twice in a 30-day period, the pupil's Individualized Education Program team must meet to determine if the pupil's Individualized Education Program is adequate or if additional evaluation is needed. *(MN Statute 121A.67 Subd. 2)*

**E. Oversight committee for MNVA**

1. MNVA publicly identifies the following oversight committee members
  - a) Deb Morse – School Psychologist
  - b) Steven Bacon – EBD Teacher: expert in positive behavior intervention
  - c) Laura Fredrickson – Assistant Director of Special Education: Special Education Administrator
  - d) Michelle Nelson—Special Education Coordinator
  - e) Angela Specketer – General Education Administrator
2. Houston Public Schools and MNVA's oversight committee will meet quarterly on:
  - a) October 24, 2016
  - b) January 17, 2017
  - c) March 20, 2017
  - d) June 1, 2017
3. MNVA oversight committee will review the following:
  - a) The use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of week, duration of the use of a restrictive procedure, the individual involved, or other factors associated with the use of restrictive procedures;
  - b) The number of times a restrictive procedure is used school wide and for individual children;
  - c) The number and types of injuries, if any, resulting from the restrictive procedures;
  - d) Whether restrictive procedures are used in nonemergency situations;
  - e) The need for additional staff training; and
  - f) Proposed actions to minimize the use of restrictive procedures.

**V. MNVA staff who use restrictive procedures receive training in the following skills and knowledge areas:**

**A. Positive behavioral interventions**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course. *(Attach training documentation for each skill and knowledge area, staff, dates, and certificates received)*

**B. Communicative intent of behaviors**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course

**C. Relationship Building**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course

**D. Alternative to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their

Blue Card for successfully participating in the course

**E. De-Escalation methods**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course

**F. Standards for using restrictive procedures only in an emergency**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course

**G. Obtaining emergency medical assistance**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course

**H. The physiological and psychological impact of physical hold and seclusion**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course

**I. Monitoring and responding to a child's physical signs of distress when physical hold is being used**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course

**J. Recognizing the symptoms of an intervention that may cause positional asphyxia when physical holding is used**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course

**K. District policies and procedures for timely reporting and documenting each incident involving use of a restrictive procedure; and**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course

**L. School wide programs on positive behavior strategies**

- a. 1. CPI
- b. Appendix C has the list of attendees to the CPI training and if they received their Blue Card for successfully participating in the course

**VI. MNVA will never use the following prohibited procedures on a child:**

**A. Engaging in conduct prohibited under section 121A.58 (corporal punishment);**

**B. Requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;**

**C. Totally or partially restricting a child's senses as punishment;**

**D. Presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;**

**E. Denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;**

- F. Interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556 (reporting of maltreatment of minors);**
- G. Withholding regularly scheduled meals or water;**
- H. Denying access to bathroom facilities; and**
- I. Physical holding that restricts or impairs a child's ability to breathe, restricts or impairs a child's ability to communicate distress, places pressure or weight on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso.**



M. **This school will receive training**

- a. **Personnel development activities** will be provided to district staff and contracted personnel who have routine contact with students and who may use restrictive procedures in the following areas:
  - i. Positive behavioral interventions;
  - ii. Communicative intent of behaviors;
  - iii. Relationship building;
  - iv. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
  - v. De-escalation methods;
  - vi. Standards for using restrictive procedures only in an emergency;
  - vii. Obtaining emergency medical assistance;
  - viii. Physiological and psychological impact of physical holding and seclusion;
  - ix. Monitoring and responding to a child's physical signs of distress when physical holding is being used;
  - x. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used;
  - xi. district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure; and
  - xii. schoolwide programs on positive behavior strategies.
  
- b. The **training will be conducted**
  - i. at least annually for all team members.
  - ii. via Hiawatha Valley Education District's (HVED's) CPI's *Nonviolent Crisis Intervention*® trained instructors.
  - iii. via delivery of CPI's course materials and additional materials providing overview and emphasis of the 12 strands listed in *III.A.*
  - iv. In addition, all participants will be required to review the district's/school's Restrictive Procedures Plan.
  
- c. When trained, **only the following employee job classifications** are authorized and certified to use restrictive procedures:
  - i. Licensed special education teacher
  - ii. School social worker
  - iii. School psychologist
  - iv. Behavior analyst certified by the National Behavior Analyst Certification Board
  - v. A person with a master's degree in behavior analysis
  - vi. Other licensed education professional
  - vii. Highly qualified education paraprofessional
  - viii. Mental health professional
  
- d. **Verification of all training** will be kept on file at Hiawatha Valley Education District for a minimum of 5 years. (*Name of trained instructor, participants, dates, time in training, etc.*)

- N. **This school is committed to using positive behavioral interventions and supports.**
- a. **Positive behavioral interventions** and supports means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.
  - b. The school boards and staff employed by HVED schools believe that all **students can experience success**. We believe that behavior that is rewarded is more likely to be repeated. We believe that encouragement and positive reinforcement are effective techniques for changing behavior. Our goal is to model and shape prosocial behavior for the students under our care, using positive approaches that focus on skill acquisition.
  - c. **Promotion of the use of positive approaches:** The school promotes the use of positive interventions and strategies. The use of positive approaches and procedures, such as: praise and encouragement, planned ignoring, contracts, monitoring sheets, modeling of appropriate behavior, and proximity control are implemented as appropriate. In addition to individualized approaches to positive intervention, the school's schoolwide plan includes
    - i. Behavior monitoring sheets used daily
    - ii. Leveling system for rewards and consequences
- O. **This school will never use the following prohibited procedures on a child:**
- a. Engaging in conduct prohibited under section 121A.58 (corporal punishment);
  - b. Requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
  - c. Totally or partially restricting a child's senses as punishment;
  - d. Presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
  - e. Denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;
  - f. Interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556 (reporting of maltreatment of minors);
  - g. Withholding regularly scheduled meals or water;
  - h. Denying access to bathroom facilities; and
  - i. physical holding that restricts or impairs a child's ability to breathe, restricts or impairs a child's ability to communicate distress, places pressure or weight on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso.

*References:*

*Minnesota Department of Education's "Sample Restrictive Procedures Plan with Legal Citations and Suggestions" (April 2012); MN Statutes: §125A.0941 and §125A.0942*



## Use of Restrictive Procedures: Physical Holding

Student: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Part A. Is the student Hispanic/Latina? Part B. What is the student's race? (Choose one or more)

Yes  No

American Indian or Alaska Native

Asian

Black or African American

White

Native Hawaiian or Other Pacific Islander

Directions: Complete this form whenever a physical hold is used. All students must be monitored by an adult at all times. End the intervention when the threat of harm ends and staff determine that the student can safely return to the classroom or activity. A debriefing meeting must be held within two (2) days and a Staff Debriefing Meeting form completed.

Names of team members involved: \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Time physical hold began: \_\_\_\_\_ Ended: \_\_\_\_\_ Total Time: \_\_\_\_\_

Was the intervention used to protect the student or others from physical injury?  Yes  No

Was the student injured during the intervention? If yes, explain.  Yes  No

Was a staff member injured during the intervention? If yes, explain.  Yes  No

Description of the emergency situation that led to physical holding: \_\_\_\_\_

Positive and least restrictive interventions tried before use of physical holding: \_\_\_\_\_

Why a less restrictive intervention failed or was determined to be inappropriate or impractical: \_\_\_\_\_

Did staff directly observe the child during the physical hold:  Yes  No

Did the physical holding end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity:  Yes  No

Description of the physical holding and the student's behavior and physical status during the holding procedure. \_\_\_\_\_

Parent Notification: Parents must be notified the same day a restrictive procedure is used. A written or electronic notice must be sent home within two (2) days if unable to notify on the same day.

Parent: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Notified by: \_\_\_\_\_

Parent comments:

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**STAFF DEBRIEFING MEETING**

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Date of Incident: \_\_\_\_\_

Date of Debriefing: \_\_\_\_\_

Student: \_\_\_\_\_

ID: \_\_\_\_\_

DOS: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student was on an IEP:            DYes    No

Was IEP implemented correctly?            DYes    uNo

Was a BIP in place:            Yes    UNo

Was BIP implemented correctly?            Yes    UNo

Identify the antecedents, triggers and proactive interventions used prior to escalation:

Briefly describe the impact of these less restrictive interventions:

What behavior necessitated the use of a restrictive procedure?

Describe student and staff behavior during the incident:

What actions helped or didn't help?

Describe the procedure used to return the student to his/her routine activity:

Was the hold/seclusion the response to an emergency situation?            DYes    0No

Was the hold/seclusion the least restrictive intervention?            DYes    uNo

Did the hold/seclusion end when the threat of harm ended?            UYes    LIno

Is corrective action needed?            DYes    No

Is the behavior likely to reoccur?            DYes    uNo

Follow-up action to prevent the need for future use of restrictive procedures:

**Behavior History:**

Other restrictive procedures used in the last 4 weeks:            UYes    UNo

Restrictive procedures used twice in a month:            Yes    No

Does the team see this as a pattern?            DYes    uNo

Does the child's IEP team need to meet?            DYes    LIno

**Staff Attending Debriefing** (should include one individual not involved in the incident)

(Facilitator)

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## Quarterly **Restrictive Procedures Review** Oversight Committee

**School Name** \_\_\_\_\_

\_\_\_\_\_ (date)                      \_\_\_\_\_ (time)                      \_\_\_\_\_ (location)

<u>Members Required</u>	<u>Present?</u>		<u>Name</u>
General Education Administrator	Yes	No	_____
Special Education Administrator	Yes	No	_____
Ment hlth prof, sch psych, or sch soc wrkr	Yes	No	_____
Expert in positive behavior strategies	Yes	No	_____
Others, as appropriate	Yes	No	_____
			_____
			_____

		<b>NOTES</b>
<ul style="list-style-type: none"> <li>• Review/Accept/Revise Agenda</li> </ul>		<ul style="list-style-type: none"> <li>• Notes</li> </ul>
<ul style="list-style-type: none"> <li>• Purpose of Meeting:</li> </ul>	<ul style="list-style-type: none"> <li>• To review district/school restrictive procedures plan</li> <li>• To review restrictive procedures used this quarter</li> <li>• To plan for the future</li> </ul>	<ul style="list-style-type: none"> <li>• Notes</li> </ul>
<ul style="list-style-type: none"> <li>• Review Elements of Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness: Reacquaint team with plan requirements</li> <li>• Are procedures are being followed?</li> <li>• Any need to revise the plan?</li> </ul>	<ul style="list-style-type: none"> <li>• Notes</li> </ul>

		NOTES
<ul style="list-style-type: none"> <li>Review Student Data</li> </ul>	<ul style="list-style-type: none"> <li>SpEd Forms Report (<i>Review Administrative Quick Report: Procedures Used</i>)</li> <li>Verify data: Complete? If not, amend data.</li> <li>the use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures;</li> <li>the number of times a restrictive procedure is used schoolwide and for individual children;</li> <li>the number and types of injuries, if any, resulting from the use of restrictive procedures</li> <li>whether restrictive procedures are used in nonemergency situations;</li> <li>the need for additional staff training;</li> <li>and proposed actions to minimize the use of restrictive procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Notes</li> </ul>
<ul style="list-style-type: none"> <li>Discuss Training</li> </ul>	<ul style="list-style-type: none"> <li>What is our current training plan?</li> <li>Who is currently trained?</li> <li>Is training adequate and appropriate? (<i>Only trained folks are holding?</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Notes</li> </ul>
<ul style="list-style-type: none"> <li>Complete Overview Process</li> </ul>	<ul style="list-style-type: none"> <li>Current issues to address</li> <li>Task: Complete Meeting Summary</li> <li>Task: Storage of records (<i>district file</i>)</li> <li>Plan for the future</li> </ul>	<ul style="list-style-type: none"> <li>Notes</li> </ul>
<ul style="list-style-type: none"> <li>Other</li> </ul>		<ul style="list-style-type: none"> <li>Notes</li> </ul>

**\*All Restrictive Procedures Data is to be Verified for the Special Education Director by the end of the school year. The Director is responsible for reporting this data annually to the MN Department of Education.**