

	<b>ABERDEEN SCHOOL DISTRICT</b>	<b>NEPN Code: JGB-E</b>
	<b>POLICIES AND REGULATIONS</b>	

## Aberdeen Public Schools Restraint/Seclusion Form

The use of restraint<sup>1</sup> or seclusion<sup>2</sup> is prohibited in any situation other than when the child’s behavior poses imminent danger of serious physical harm to the student or others and other available interventions are ineffective. The use of restraint or seclusion must be discontinued as soon as the imminent danger has dissipated, such as when it appears the child has calmed down, e.g. the child’s breathing returns to normal, the child is no longer tense, or the child can express that he or she feels safe. A restraint can be applied only by CPI trained staff and have prior approval of the student’s educational team.

The use of restraint or seclusion is never permitted for non-compliance and will not be used as punishment, reprisal, retaliation, a substitute for appropriate behavioral or educational support, a routine school safety measure, to force compliance with school personnel, to prevent property damage, or for the convenience of school personnel.

This form must be completed for each incident of restraint or seclusion. Staff completing this form must provide specific rather than general explanations, e.g., “the student was banging their head against the wall,” rather than “the student was being unsafe.”

<b>Staff Member(s) Completing Form:</b>		<b>Staff Title(s):</b>		<b>Date/Time of Report:</b>		<b>Date/Time of Incident:</b>	
						<b>Location of Incident:</b>	
<b>Student Name:</b>		<b>Grade:</b>	<b>Age:</b>	<b>Gender:</b>	<b>Check if applicable:</b> <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> BIP <input type="checkbox"/> Other, explain: _____		
<b>School Name:</b>			<b>Personnel Involved:</b>				
<b>Check each of efforts made to de-escalate and alternatives to physical restraint/seclusion that were attempted:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Manage the environment</div> <div style="width: 50%;"><input type="checkbox"/> Proximity</div> <div style="width: 50%;"><input type="checkbox"/> Redirection</div> <div style="width: 50%;"><input type="checkbox"/> Prompting</div> <div style="width: 50%;"><input type="checkbox"/> Caring gesture</div> <div style="width: 50%;"><input type="checkbox"/> Speak calmly</div> <div style="width: 50%;"><input type="checkbox"/> Active listening</div> <div style="width: 50%;"><input type="checkbox"/> Planned ignoring</div> <div style="width: 50%;"><input type="checkbox"/> Give time/space</div> <div style="width: 50%;"><input type="checkbox"/> None    Why? _____</div> </div>							
<b><u>Why did these strategies not mitigate the behavior?</u></b>							
<b><u>If no behavioral intervention or support was applied prior to the use of restraint or exclusion, please explain why:</u></b>							

<sup>1</sup> A restraint is a personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. The term does not include a physical escort, which involves a temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out to walk to a safe location. See Policy JGB.

<sup>2</sup> Seclusion is the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming. Students will always be monitored by an adult and will be allowed to move around. See Policy JGB.

1. Provide a description of the use of physical restraint or seclusion and the student behavior that resulted in this procedure (antecedent).
2. Please check each possible factor contributing to the adverse behavior:  

☐ Tired

☐ Told no

☐ Given criticism

☐ Other: \_\_\_\_\_

☐ Hungry

☐ Given an instruction

☐ Change in routine
3. Please describe the student's behavior during restraint or seclusion and interactions between the student and school employee(s) during the restraint or seclusion, and student's reaction to the incident:

4. Please rate the effectiveness of the physical restraint or seclusion in deescalating the situation:

- ☐ Very Effective  
☐ Somewhat Effective  
☐ Effective

☐ Somewhat ineffective  
☐ Very ineffective

Explain your rating: \_\_\_\_\_

5. After a team debriefing, these planned positive behavioral interventions shall be used to reduce future need for physical restraint or seclusion of the student:

- ☐ Cool down time

☐ Specific praise

☐ Coupling statement

☐ Empathy statement
- ☐ Corrective teaching

☐ Reality statement

☐ Concrete positive reinforcer

☐ Other:

Date of Debrief Meeting: \_\_\_\_\_

6. Check all the CPI restraints which apply:

- ☐ Kick Block

☐ Bite release

☐ 1 or 2 handed wrist grab release
- ☐ Team control position

☐ Transport position

☐ 1 or 2 handed hair pull release
- ☐ Back or front choke release

☐ Child control position

☐ Interim control position
- ☐ Other: \_\_\_\_\_

Site of restraint/seclusion: \_\_\_\_\_ Duration of restraint/seclusion: \_\_\_\_\_

If multiple restraints occurred during the same episode (e.g., restraint was terminated but student re-escalated), record the following:			
Reason for additional restraint:	Time Restraint/Seclusion began:	Time Restraint/Seclusion ended:	Total duration of restraint/seclusion:
Type of restraint:	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ A.M. P.M.	
Reason for additional restraint:	Time Restraint/Seclusion began:	Time Restraint/Seclusion ended:	Total duration of restraint/seclusion:
Type of restraint:	_____ A.M. P.M.	_____ A.M. P.M.	

7. Phone contact with parent? Yes\_\_\_\_ No\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

If no contact made, describe notification attempt(s):

8. Does a medical/injury report need to be filled out? Yes\_\_\_\_ No\_\_\_\_

Type of Injury: \_\_\_\_\_ To Whom: \_\_\_\_\_

9. Does follow-up action need to be taken? Yes\_\_\_\_ No\_\_\_\_

- ☐ Proposed IEP/504 Meeting
- ☐ New Assessment
- ☐ Reconsider Type of Support of Intervention

Restraint/Seclusion Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please send a copy to the following staff:

- ☐ Assistant Superintendent
- ☐ Director of Special Education
- ☐ Principal