

**EXHIBIT**

**FCC-E RESTRAINT OR SECLUSION REPORTING FORM**

Name of staff member completing this report:

\_\_\_\_\_

Location of incident: \_\_\_\_\_

Did the student's behavior pose an immediate threat of harm or caused harm to him/herself or others?

Yes       No

Please describe the behavior, indicating specifically how it posed an immediate threat of harm to the student or others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the student's activities leading up to the incident:

\_\_\_\_\_  
\_\_\_\_\_

Were there factors (environmental or otherwise) that caused or contributed to the dangerous behavior?

Yes       No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were prevention, redirection, and/or pre-correction strategies attempted prior to using restraint or seclusion?

Yes       No

If yes, please describe. If no, please explain why they weren't used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe restraint or seclusion intervention used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*FORM MUST BE COMPLETED AND RETURNED TO THE BUILDING PRINCIPAL OR DESIGNEE AS SOON AS PRACTICAL AFTER A RESTRAINT OR SECLUSION INCIDENT OCCURRED, PREFERABLY THE SAME DAY OF THE INCIDENT*

**EXHIBIT**

Was the restraint or seclusion intervention used part of the students BIP, 504 Plan, or IEP?

- Yes       No       Unsure       No BIP, 504 Plan or IEP on file

Was administration contacted as soon as practical to determine appropriateness and proper duration of restraint or seclusion?

- Yes       No

Start time of restraint or seclusion: \_\_\_\_\_  am       pm

End time of restraint or seclusion: \_\_\_\_\_  am       pm

List school staff involved in the restraint or seclusion intervention:

- |    |       |                                       |                                    |
|----|-------|---------------------------------------|------------------------------------|
| 1. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 2. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 3. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 4. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 5. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |

Describe student's reaction to/behavior during the restraint or seclusion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the student was monitored during and after the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did any injuries to the student, staff, or others occur during the incident?

- Yes       No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was medical assistance sought?

- Yes       No       Na

Did any damage to property occur?

- Yes       No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

*FORM MUST BE COMPLETED AND RETURNED TO THE BUILDING PRINCIPAL OR DESIGNEE AS SOON AS PRACTICAL AFTER A RESTRAINT OR SECLUSION INCIDENT OCCURRED, PREFERABLY THE SAME DAY OF THE INCIDENT*

**EXHIBIT**

Was law enforcement contacted?

- Yes       No

How restraint ended (check all that apply):

- Determination by administrator or school staff member present that student was no longer a risk to him/herself or others
- Intervention by administrator(s) to facilitate de-escalation
- Arrival of law enforcement
- Arrival of medical assistance
- Other (describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

**FOR SCHOOL ADMINISTRATION TO COMPLETE:**

Name of administrator: \_\_\_\_\_

Date and time this report form was received:

\_\_\_\_\_  am  pm

Date and time that school administrator contacted the student's parent (ideally same day as incident occurred):

\_\_\_\_\_  am  pm

Mother     Father     Guardian

The parent/guardian has waived notification for the form of restraint or seclusion intervention described above and documented in the

BIP  504 Plan  IEP approved on: \_\_\_\_\_.

Attempts to contact parents were unsuccessful

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a school staff member other than an administrator contacted parents, please list: \_\_\_\_\_

Describe any post-incident debriefing with staff and list date and time of this meeting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*FORM MUST BE COMPLETED AND RETURNED TO THE BUILDING PRINCIPAL OR DESIGNEE AS SOON AS PRACTICAL AFTER A RESTRAINT OR SECLUSION INCIDENT OCCURRED, PREFERABLY THE SAME DAY OF THE INCIDENT*

**EXHIBIT**

Was a BIP created for the student post-incident?

- Yes       No       Student already has one on file

If no, explain:

---

---

Was the student referred for a 504/IDEA assessment?

- Yes       No

Was the student's BIP, 504 Plan, or IEP reviewed and reassessed post-incident?

- Yes       No       Na

Explain why or why not:

---

---

---

List any other measures taken by district as a result of this incident:

---

---

---

Additional notes:

---

---

---

---

---

---

---

---

New Town Public School District #1 ..... Exhibit FCC-E

.....Adopted: 12/11/2012

*FORM MUST BE COMPLETED AND RETURNED TO THE BUILDING PRINCIPAL OR DESIGNEE AS SOON AS PRACTICAL AFTER A RESTRAINT OR SECLUSION INCIDENT OCCURRED, PREFERABLY THE SAME DAY OF THE INCIDENT*