Student Restraint Incident Report Form

Student:	School:	
Date:	Time:	
Location:		
any):	restraint (include names and titles; attach sup	-
Witnesses (include names	s and titles):	
Description of events imp	mediately before the behavior occurred:	
Efforts/alternatives made	prior to the use of restraint:	
Teaching interaction	etion	
Offered self-cor	ntrol strategy	
Verbal de-escala	ation	
Other(s) (please	describe):	
Type of restraint used:		
Time restraint began:		
_		

Chronological description of in	cident (include	behavior, stateme	nts made, actions taken):
			
Resolution:			
Student calm/reintegrat	ed into classro	om/educational pro	ogramming
Student calm/additional	l time provided	for de-escalation	outside of instructional settin
Additional support requ	_		
-		•	-
Other(s) (please describ			
Injuries or property loss/damage	e:		
Persons notified of incident (inc		e, date and time no	
Name and title of person writing	g report	_	
Signature		_	
Checklist	Date		Comments
If an injury to staff or student has occurred, submit student			

accident report and/or staff

incident report.	
Building principal or designee verbally notify parent by end of the school day that the restraint was used.	
Conduct internal review of incident of restraint.	
Review documentation to ensure use of alternative strategies and recommend adjustments to procedures, if appropriate.	
If restraint was between one and five minutes, written notice given to parents on the day of the restraint	
If restraint was five minutes or more, verbal notice given to parent on the day of restraint, and written report emailed, mailed or faxed to parent within five calendar days of the use of restraint.	
If requested by parents or the school, convene a meeting (that may be an IEP, BIP or 504 meeting) to review the incident.	

Copies: parent, student's confidential file [required]

Issue Date: May 9, 2023