

Students

Exhibit - Physical Management Incident Report Forms

Physical Management Incident Report

Please refer to Board Policy 7:190-AP4, *Use of Isolated Time Out and Physical Restraint*.

Student Name: _____ **Grade:** _____

Staff Member

Completing Report: _____ **Date of Incident:** _____

Type of Physical Management/ Restraint

Used:

- Standing Hold
- Seated Wrap
- Prone

Time in Physical Management/ Restraint:

All Staff (Name and Title) Involved in the Incident (including the implementation, monitoring, and supervision of physical management):

Description of Incident:

1. Specifically explain the relevant events/circumstances that led to the use of physical management:

2. Specifically explain any interventions used prior to the use of physical management:

- | | |
|--|--|
| <input type="checkbox"/> Calming techniques | <input type="checkbox"/> Diversional activities |
| <input type="checkbox"/> Problem solving | <input type="checkbox"/> Active listening |
| <input type="checkbox"/> Environmental adjusting | <input type="checkbox"/> Reminder of reinforcement |
| <input type="checkbox"/> Other: _____ | |

3. Provide a description of the incident and/or the student’s behavior that resulted in the use of physical management:

<input type="checkbox"/> Verbal aggression staff/peers	<input type="checkbox"/> Attempt to harm self/others
<input type="checkbox"/> Refusing to leave area/escort required	<input type="checkbox"/> Attempting to leave program
<input type="checkbox"/> Possession of a weapon with intent to use	<input type="checkbox"/> Destruction of property

4. Provide the length of time that the student was physically managed:

Beginning time: _____ a.m. p.m. End time: _____ a.m. p.m.

5. Log the student’s behavior during the physical management, including technique(s) used by the staff and any other interactions between the student and staff:

Staff initiating the intervention: _____

Assist person(s): _____

Time	Observed Behavior	Staff	Technique
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Injuries? Yes No

If yes, provide the name of the person who was injured and a description of the injury(ies) and nature of complaint:

7. What time was the student seen by the school nurse/RN or an administrator:

Was medical attention required? Yes No

If yes, provide who and a description of what actions were taken to provide medical attention (to be completed by Nurse or designee):

8. Was any property damaged?

Yes No

If yes, provide a description of property damage:

9. Provide a description of any planned approach for dealing with the student's behavior in the future:

Staff Member Signature: _____

Date report completed: _____

Date of notification* to student's parent/guardian: _____

*Within 24 hours of the use of physical restraint, written notice must be given to the student's parent/guardian that includes (1) the student's name, (2) the date of the incident, (3) a description of the intervention used, and (4) the name of a District contact person with a telephone number to be called for further information.

Date report submitted to Building Principal/Program Coordinator: _____

THE BUILDING PRINCIPAL/PROGRAM COORDINATOR MUST BE NOTIFIED OF ALL INCIDENTS INVOLVING THE USE OF PHYSICAL RESTRAINT AS SOON AS POSSIBLE, BUT NO LATER THAN THE END OF THE SCHOOL DAY IN WHICH THE INCIDENT OCCURRED.

Consideration of Alternative Strategies

Student Name: _____
Date of Incident: _____
Location/Area of Incident: _____
Staff Completing Report: _____

To be completed by a certified staff member knowledgeable about the use of isolated time out or trained in the use of physical restraint (as applicable) when one or more of the following occur:

- Isolated Time Out exceeds 30 minutes
- Physical Restraint exceeds 15 minutes
- Repeated episodes of isolated time out or physical restraint occur during any three hour period

Determine the appropriateness of continuing the procedure in use. Factors to consider include but are not limited to: 1) need for medication, 2) nourishment, 3) use of restroom, 4) need for alternate strategies (e.g., assessment by mental health crisis team, assistance from police, or transportation by ambulance).

Signature of Staff Completing Report: _____ Date _____

Supervisor/Principal: _____ Date _____

**Review of First Three Instances
of Physical Restraint or Isolated Time Out**

Student Name: _____

Dates of Instances: (1) _____ (2) _____ (3) _____

Date of notification* to student's parent/guardian: _____

*Ten days' written notice must be given, which informs the student's parent(s)/guardian(s) of (1) the date, time, and location of the review, (2) the student's potential need for special education or an alternative program will be considered at the review, and (3) the results of the review will be included in the student's temporary record.

Meeting Participants: _____
(Name, Title) _____

To be completed when a student has first experienced 3 instances of physical restraint or isolated time out, by the school personnel who initiated, monitored, and supervised the 3 instances.

Review of the effectiveness of the procedure(s) used.

Consider the student's potential need for an alternative program or for special education.

Prepare and Attach an individual behavior plan for the student (the plan may include continued use of interventions and/or the use of other, specified interventions).

Signature of Staff Completing Report: _____ Date _____

Supervisor/Principal: _____ Date _____

Updated: 3/2017