**Nordonia Hills City School District**

Notification and Reporting Physical Restraints and/or Seclusion

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Parents were notified of the incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (must be notified the day of the incident)

**Method (circle) phone call/message email email conference other\_\_\_\_\_\_\_**

**Administrator contacted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedure used to attempt to de-escalate the student prior to Seclusion/Restraing:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of the actions of the student:**

**Before the incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**During the incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**After the incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Was Seclusion used?** |  **yes** |  **no** |
| **Was Restraint used?** |  **yes** |  **No** |
| **List Time in Restraint/Type**  |  |  |
| **Was there any injury or damage?** |  **Yes** |  **no** |
| **If yes, describe and complete district accident report form** |  |  |

|  |  |
| --- | --- |
| **Names of individuals present during incident** | **Title** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Is follow up needed? (circle)**

**IEP Meeting Functional Behavior Assessment Behavior Intervention Plan Review/Revise BIP Team Debriefing Parent Conference Other**

**Name and Signature of person completing the form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*Copies to be placed in student’s file as well as sent to Pupil Services Office\*\*\***