

SCHOOL DISTRICT OF BLOOMER

Notification and Reporting of Physical Restraint and/or Seclusion

Student Name				Parents Name			
Date of Incident				Person Completing Report			
Date parents were notified of the incident (and told when written report will be ready)						Parents must be notified within one business day of incident	
Parent was notified at		Time		Method			
Date written report is available for parents to review					Written report must be available for the parent to review within 3 business days of the incident		
Time in				Time out			
Was seclusion used? <input type="checkbox"/> Yes <input type="checkbox"/> No				Was restraint used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which type? <input type="checkbox"/> Child Control <input type="checkbox"/> Team Control <input type="checkbox"/> Transport			
Staff person(s) initiating, involved in, or present during seclusion/restraint (include name and title):							
Describe the behavior that led to seclusion/restraint, including time, location, activity, other contributing factors:							
Procedures used to attempt to de-escalate the student prior to using seclusion/restraint:							
Student behavior during seclusion/restraint:				Student behavior after seclusion/restraint:			
Was there any injury or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:							
Required follow-up after the seclusion/restraint (check one or more):							
<input type="checkbox"/> Reconvene IEP		<input type="checkbox"/> Conduct FBA		<input type="checkbox"/> Develop BIP		<input type="checkbox"/> Review/Revise BIP	
<input type="checkbox"/> Team Debriefing		<input type="checkbox"/> Parent/Guardian Meeting		<input type="checkbox"/> Other:			
Name of Administrator Contacted							
Date		Time		Method			

CC: Building Principals, School Psychologist