

**Klamath County  
School District**

Code: **JGAB-AR(2)**  
Revised/Reviewed: 4/17/14; 2/19/15

**Physical Restraint and/or Seclusion Incident Report**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Restraint and/or Seclusion: \_\_\_\_\_ Begin/End Time: \_\_\_\_\_ / \_\_\_\_\_

Location of Restraint/Seclusion: \_\_\_\_\_ Administration Notified:  Yes  No

Staff involved: \_\_\_\_\_

CPI Certified:  Yes  No If no, explanation: \_\_\_\_\_

Description of the restraint and/or seclusion (Mark all that apply):

- CPI Children's Control Position
- CPI Team Control Position
- CPI Transport Position
- CPI Interim Control Position
- Seclusion

Description of the student's activity immediately preceding the behavior that prompted the use of the physical restraint and/or seclusion:

Description of the efforts to de-escalate the situation and the alternatives to physical restraint and/or seclusion that were attempted:

If physical restraint and/or seclusion continue for more than 30 minutes:

Student bathroom/water breaks (every 30 minutes/document times) \_\_\_\_\_

Administrative authorization to continue (every 15 minutes/initial) \_\_\_\_\_

Parents contacted via:  Phone  E-mail  In Person by the end of the day of incident Time: \_\_\_\_\_

Parents must be given a copy of this form within 24 hours of the time of incident.

Debriefing meeting (within 2 school days from restraint and/or seclusion):

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*Attach Debriefing Report**

**\*\* If injury or death of student or staff occurs, attach Incident Report**