

Lincoln County School District

Code: **JGAB-AR(2)**
 Revised/Reviewed: 4/29/14; 6/14/16 (Effective 7/01/16)
 Orig. Code(s): JGAB-AR(2)

Physical Restraint and/or Seclusion Incident Report

(Read Board policy JGAB and Administrative Regulations JGAB-AR(1) for guidelines, and explanation of use of Restraint and Seclusion.)

Student:	D.O.B.	School:
Race: <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiple		

Date Incident Occurred: _____ Time Incident Began: _____ Ended: _____
 Date Report Initiated: _____ Date Reported to Parent: _____

(Parents must be provided verbal or electronic notification by the school staff following the use of physical restraint or seclusion by the end of the day on which the incident occurred and be invited to the debriefing meeting.)

What happened before the incident? What efforts were used to deescalate the situation? What intervention did you do? Result?

What happened during the incident?

What alternatives to physical restraint and/or seclusion were attempted?

<input type="checkbox"/> Behavior Plan Restraint <input type="checkbox"/> Emergency Personal Restraint If secluded, was it a locked room? <input type="checkbox"/> Yes <input type="checkbox"/> No Location of restraint or Seclusion: _____ How long was the student in restraint? * _____ Minutes _____ Seconds How long was the student in seclusion? * _____ Minutes _____ Seconds Description of Restraint and/or Seclusion: _____ _____ Staff Administering Restraint and/or Seclusion: _____ Names of other staff/volunteers involved: _____ From those listed above, identify who has been trained in Nonviolent Crisis Intervention (NCI): _____ _____	<input type="checkbox"/> Behavior Plan Seclusion <input type="checkbox"/> Emergency Personal Seclusion *Every 15 minutes after the first 30 minutes, an administrator must provide written authorization for the continuation of the physical restraint or seclusion, including providing documentation for the reason it is being continued. Administrator Authorization? (Attach to this report) 45 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No 60 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No 75 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No 90 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No 105 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No 120 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No 135 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No 150 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No 165 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No 180 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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Person completing Incident Report:

 Name Date

cc: Debriefing Team
 Parent
 Cum. Folder/Special Ed. File
 Special Educ. Administrator

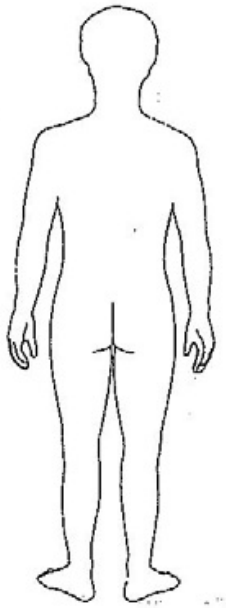
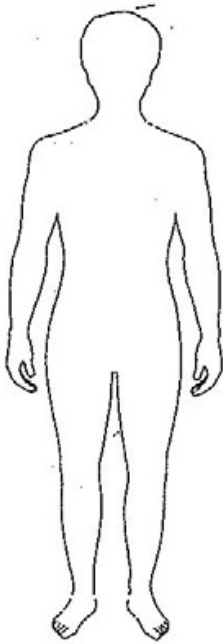
Complete this section of the Incident Report if an injury occurred:

Type of Injury: _____

Location of Injury: _____

Size (Inches): _____

Treatment: _____



FRONT

BACK

Circle areas on the body outline to show any and all unusual markings and/or injuries.

- cc. Debriefing Team
- Parent
- Cum. Folder/Special Ed. File
- Special Educ. Administrator

INCIDENT REPORT CONTINUATION DEBRIEFING MEETING

A documented debriefing meeting must be held within two school days after the use of restraint and/or seclusion; staff members involved in the intervention must be included in the meeting. The debriefing team shall include a building administrator. Use this part of the Incident Report form to provide more information if necessary and to provide a summary of the debriefing meeting.

Student:	Date:
Debriefing Team (Signatures):	

Review of Behavior Intervention Plan? No Yes

Change in Behavior Plan? No Yes (If yes, attach copy of revised behavior plan).

Information and/or Debriefing Meeting Summary/Written Notes: (In addition to this debriefing meeting summary if physical restraint and/or seclusion were administered by a person untrained in NCI, indicate why)

Debriefing Team

cc.

Parent
Cum. Folder/Special Ed. File
Special Educ. Administrator