



		<input type="checkbox"/> Other:			
Student's behavior during restraint/seclusion (check all that apply): <input type="checkbox"/> De-escalating <input type="checkbox"/> Yelling <input type="checkbox"/> Trying to bite <input type="checkbox"/> Crying <input type="checkbox"/> Kicking/stomping <input type="checkbox"/> Scratching <input type="checkbox"/> Threatening harm <input type="checkbox"/> Other:	Did an injury result from the restraint or seclusion? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe below (as per district policy, if injury occurred, complete additional injury form):				
How the restraint or seclusion ended (check all that apply): <input type="checkbox"/> Determination by staff member that student was no longer a risk to self or others <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Law enforcement personnel arrived <input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other (describe):	Student's behavior after restraint/seclusion:				
<b>D. Staff administering/monitoring/observing restraint or seclusion</b>					
Name	Position	Prior Restraint Training	Currently Certified	Role	Initials documenting agreement of report and participation in debrief
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitor <input type="checkbox"/> Restrainer <input type="checkbox"/> Observer	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitor <input type="checkbox"/> Restrainer <input type="checkbox"/> Observer	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitor <input type="checkbox"/> Restrainer <input type="checkbox"/> Observer	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitor <input type="checkbox"/> Restrainer <input type="checkbox"/> Observer	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitor <input type="checkbox"/> Restrainer <input type="checkbox"/> Observer	
<b>E. Notification<sup>1</sup></b>					
Name of Building and/or District Administrator(s) contacted:	Documented how Building and/or District Administrator(s) were contacted: <input type="checkbox"/> Radio <input type="checkbox"/> In-Person <input type="checkbox"/> Other:	By Whom? (include name and position):			
Phone #:	Administration Authorization for restraints over 3 minutes or seclusions over 30 minutes: <input type="checkbox"/> Did not apply <input type="checkbox"/> Yes	Student was offered the following every 30 minutes: <input type="checkbox"/> Did not apply <input type="checkbox"/> Yes <input type="checkbox"/> No (provide reason):			
Date and time of contact:					
Name of parent(s) contacted:	Documented how parent(s) were contacted:	By Whom? (include name and position):			
Phone #:					
Date and time of contact:					
<b>F. Debriefing Notes</b>					
Name and Position of Person Leading Debrief:	Date of Debrief:	Time of Debriefing Meeting:			
Debriefing Notes: <input type="checkbox"/> Check the box if debriefing notes are attached.					

<sup>1</sup> Verbal or electronic notification of parents or guardians following the use of physical restraint is required by the end of the day the incident occurred. ORS 339.294.

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Debriefing Notes Continued:

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**G. Follow-Up Actions**

Follow Up Action Item (as appropriate)	Person Responsible	Date Completed

**Distribution: This document is required to be distributed to the following within 48 hours of incident.**

- District Behavior Team / Director of Student Services  
  Building and/or District Administrator  
  Student Records  
  Parent  
 Other:

Revised/Reviewed: 6/09/12; 2/12/18

Adoption Date: 2007