

Phoenix-Talent School District 4

Code: **JGAB-AR(2)**
Adopted: 4/01/10

CPI Physical Restrain and/or Seclusion Incident Report

Physical restraint means “the restriction of a student’s movement by one or more persons holding the student or applying physical pressure upon the student” and “does not include touching or holding a student without the use of force for the purpose of directing the student or assisting the student in completing a task or activity.” Seclusion means “the involuntary confinement of a student alone in a room from which the student is prevented from leaving.” OAR 581-021-0062(1) (a)

Prior approval from Special Education is required before seclusion can be employed, and the student must be on an approved Behavior Intervention Plan that includes the use of physical restraint and/or seclusion.

Physical restraint and/or seclusion also may be used in “an emergency by a school administrator, teacher, school employee, or volunteer as necessary to maintain order or to prevent a student from harming him/herself, other students, and school staff or property in accordance with OAR 581-021-0061(2).” OAR581-021-0062(2) (a) (B)

Phoenix-Talent School District employs the use of Crisis Prevention Intervention (CPI)

Student Name:	DOB
School:	Grade:

Incident Description		
Date Incident Occurred:	Time Restrain Began:	Time Restraint Ended:
Seclusion Included? [] Yes [] No	Time Seclusion Began:	Time Seclusion Ended:
Location of Incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Bus <input type="checkbox"/> Other:	Justification for Initiating Physical Restraint And/or Seclusion (Check All That Apply): <input type="checkbox"/> Danger to self <input type="checkbox"/> Danger to others <input type="checkbox"/> Destruction of school property <input type="checkbox"/> Other:	

Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other:	Description of Student Behavior Immediately Preceding Use of Physical Restraint And/or Seclusion:
Description of efforts made to de-escalate student and alternatives to physical restraint and/or seclusion that were attempted:	
Physical Restraint Hold(s) Used: <input type="checkbox"/> Children's Control Position <input type="checkbox"/> Team Control Position <input type="checkbox"/> Transport Position	How Restraint Ended (Check All That Apply): <input type="checkbox"/> Determination by staff member that student was no longer a risk to himself or others. <input type="checkbox"/> Intervention by CPI personnel to facilitate de-escalation. <input type="checkbox"/> Law enforcement personnel arrived. <input type="checkbox"/> Seclusion <input type="checkbox"/> Staff/student sought medical assistance (describe): <input type="checkbox"/> Other (describe):

Staff Administering or Observing Restraint and/or Seclusion			
Name	Position	CPI Certified to Administer Restraints	Role of Staff Member
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observer <input type="checkbox"/> Restraint
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observer <input type="checkbox"/> Restraint
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observer <input type="checkbox"/> Restraint
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observer <input type="checkbox"/> Restraint
Name and Position of Person Supervising Seclusion:			

P a r e n t N o t i f i c a t i o n		
Name of Parent(s) Contacted:	Documented Attempt to Contact Parent if Unable to Contact Verbally (Describe):	Contacted by the Following Staff Member:
Phone #:		
Date and Time of Contact:		
This Report Has Been Prepared by:		
Name:		Position:

Copies Provided To:

- Parent
- Principal (cumulative file)
- Case Manager (504/IEP File)
- Superintendent