Lisbon School Department — JKAA-F
INCIDENT REPORT
PHYSICAL RESTRAINT or SECLUSION OF A STUDENT

NAME OF SCHOOL/PROGRAM:	DATE OF REPORT:
NAME OF PERSON COMPLETING THE REPORT:	

STUDENT INVOLVED

STUDENT NAME:	Age:	Gender:	Grade:

STUDENT HAS (Check all that apply)

☐ IEP	☐ IHP
☐ 504 Plan	☐ Other Plan (Identify)
☐ Behavior Plan	☐ None of these plans

DESCRIPTION OF INCIDENT:

DATE OF INCIDENT:	
BEGINNING TIME OF INCIDENT:	ENDING TIME OF INCIDENT:
TOTAL INCIDENT TIME:	

LOCATION OF INCIDENT (BE SPECIFIC):

☐ Classroom	☐ Bathroom	☐ Hallway	☐ Specials Room ________________
☐ Gym	☐ Vehicle	☐ Lobby	☐ Community ____________________
☐ Cafeteria	☐ Playground	☐ Front of School	☐ Other _________________________
☐ Library	☐ Office		

ANTECEDENTS (Describe Detail; Prior to Behavior)

☐ Loud Noise(s): _____________________	☐ Peer Interaction(s): ___________________
☐ Delivering Academic Instruction: ______________	☐ Teacher Directives: ______________
☐ Limit Setting/Redirection: ______________	☐ Activity Characteristic(s): _____________
☐ Space Intrusion: ______________________	☐ Crowding/Proximity: _________________
☐ Difficult Task: _____________________	☐ Unclear/Undetected: __________________
☐ Transition: _________________________	☐ Waiting: ___________________________
☐ Novel Activity/Person/Item: ______________	☐ Other _______________________________
☐ Schedule Change: ___________________	

BEHAVIORAL ANTECEDENTS (Prior to Behavior)

☐ Body Movement(s): ___________________	☐ Confused/disoriented: _________________
☐ Facial Expression(s): __________________	☐ Ambulation/Pacing: __________________
☐ Vocal/Verbal: _______________________	☐ Other: _____________________________
☐ Noncompliance: _____________________	

LEAST RESTRICTIVE INTERVENTIONS- check all used and be specific

☐ Differential Reinforcement: _________________	☐ Physical Prompt: __________________________
☐ HELP (Safety-Care): _____________________	☐ Low stimulus environment offered: ____________
☐ PROMPT (Safety-Care): ___________________	☐ Relocation: _______________________________
☐ WAIT (Safety-Care): _______________________	☐ Support Offered: _________________________
☐ Incident Minimization Technique: ____	☐ Retreat/Re-Approach: _______________________
☐ Verbal Directive(s): ______________________	☐ Increased Monitoring: ______________________
☐ Verbal De-escalation: ______________________	☐ Other: ___________________________________

RESPONSE TO INTERVENTIONS – check all that apply

☐ Independent Calm: ____
☐ Re-entered Previous Situation: ____
☐ Activity Participation: ____
☐ De-Brief/Processing: ____
☐ Continued Behavior w/out Escalation: ____
☐ Increased Escalation: ____
☐ Other: ____

DESCRIPTION OF THE INCIDENT: including the resolution and process of return of student to program if appropriate. **(if another student is involved, use only their initials)**

IF NO LESS RESTRICTIVE INTERVENTIONS WERE TRIED PRIOR TO THE USE OF PHYSICAL RESTRAINT/SECLUSION – EXPLAIN WHY

STUDENT BEHAVIOR JUSTIFYING USE of PHYSICAL RESTRAINT/SECLUSION

☐ Imminent risk of serious harm ☐ No other practical way to prevent serious harm ☐ Risk of intervening > not intervening

DESCRIBE:

DESCRIPTION OF RESTRAINT OR SECLUSION; STAFF INVOLVED
REMEMBER: 2 adults for restraints & 1 adult for seclusion is required (minimum)

Detailed description of the physical restraint/seclusion used:

Staff person involved	Their role in the use of physical restraint/seclusion	Certification, if any, in an approved training program

DID RESTRAINT OR SECLUSION LAST MORE THAN 10 MINUTES:

☐ Yes

If yes, time of notification to the Administrator & approval to continue restraint or seclusion- (every 10 minutes required):

☐ No

BEGINNING TIME OF RESTRAINT/SECLUSION:	ENDING TIME OF RESTRAINT/SECLUSION:
BEGINNING TIME OF RESTRAINT/SECLUSION:	ENDING TIME OF RESTRAINT/SECLUSION:
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BODILY INJURY OF STUDENT OR STAFF		
Did the student or staff sustain bodily injury?	☐Yes	☐No
If yes, name of person(s) sustaining injury (if another student, use initials):		
Describe injury(ies) sustained:		
Date and time of nurse or response personnel notification and treatment administered (if any):		
Did student sustain SERIOUS bodily injury or death:		
☐ Yes If yes, date and time of notification to the Superintendent & DOE:		
☐ No		

NOTIFICATION AND DEBRIEFING

Parent Notified: (**same day**)	Date:	Time:	Method:	Personnel Involved:
Administrator Notified: **(same day)**	Date:	Time:	Method:	Personnel Involved:
Written Report to Administrator: (w/in **2 school days**)	Date:	Time:	Personnel Involved:	
Staff Debriefing: (w/in **2 school days**) (include what went well)	Date:	Time:	Personnel Involved:	
Student Debriefing: (w/in **2 school days**)	Date:	Time:	Personnel Involved:	
Parent Written Notification: (w/in **7 calendar days**)	Date:	Time:	Personnel Involved:	
Written Plan Shared w/staff: (include what would be done differently)	Date:	Time:	Personnel Involved:	

Has student been involved in 2 or more prior incidents during the current school year?

☐ Yes

If yes, Date and time of required team meeting (w/in **10 school days**):

☐ No

If no, number of prior incidents during the current school year:

Signature of Person(s) Completing Report:	Date:
Signature of Director of Student Services:	Date:
Signature of Superintendent of Schools:	Date:

Mailed By: Office of Student Services
Cc: Cum File, Pinnacle, Building Level Administrator
October 16, 2013

Reviewed: November 9, 2015
Reviewed: February 16, 2017