



### Physical Restraint/Seclusion Incident Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Behavior Plan in Effect: Yes - No  
Setting and Location: \_\_\_\_\_  
Student \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_  
Person Preparing This Report: \_\_\_\_\_

#### Efforts used to de-escalate/alternatives attempted (prevention): (check all used)

Changed environment  Offered options  Offered quiet space  Offered sensory tools  
 Offered coping/calming techniques  Offered snack  Offered/went for walk  Planned ignoring  
 Reduced demands  Used verbal redirection  Offered a break

Other: \_\_\_\_\_

#### Student behavior that prompted the use of physical restraint/seclusion: (justification)

Physical aggression to another student  Physical aggression to staff  
 Self-injury  Elopement  Other: \_\_\_\_\_

Define behavior that prompted restraint/ seclusion/ How it was determined that there was imminent threat of serious injury to student or other:

#### Type of Restraint:

CPI:  Children's Control Position  Team Control Position  Transport Position  Seated Position  
 Standing Position

Seclusion:  Academic Time Out  Padded Time Out

Other (Protocol based in BTP) \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Length of time: \_\_\_\_\_

Antecedent (events leading to behavior that warranted restraint/seclusion):



**Other Staff Involved and Role (Observer/Restrainer)**

How was student monitored: \_\_\_ In-person \_\_\_ Security camera

**How Restraint Ended** (Check All That Apply):

\_\_\_ Determination by staff member that student was no longer a risk to themselves or others.

\_\_\_ Seclusion \_\_\_ Staff/student sought medical assistance

Explain How Restraint Ended:

Parent was notified via: \_\_\_ Phone \_\_\_ Email \_\_\_ Home note

Person Preparing This Report Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent comment/questions:

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