

Centennial BOCES Restraint Incident Reporting Form

Student _____ ID# _____ School _____ Gr. ____ Date of Incident ___/___/___ # of incident ____

Parent/Guardian _____ Phone _____ Time/Length of Restraint _____

Type of Restraint	<input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint: (type of hold) _____	
Names of person who participated in restraint	Person who initiated Restraint _____	CPI Trained w/in 2 years: Y N (circle one)
	Completed and given to Case Manager Date: ___/___/___ Time: __:__	
	Assisting Staff _____ Participated in Restraint: Y N	CPI Trained w/in 2 years: Y N
	Assisting Staff _____ Participated in Restraint: Y N	CPI Trained w/in 2 years: Y N
Assisting Staff _____ Participated in Restraint: Y N	CPI Trained w/in 2 years: Y N	
Staff monitoring student	Name _____ Position (ex. Teacher) _____	
Location of Restraint	<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Main Office <input type="checkbox"/> Outdoors <input type="checkbox"/> Lunchroom <input type="checkbox"/> Parking Lot Other _____	
Notification to Parent/Guardian	Parent/Guardian must be verbally notified by end of school day.	
	Copy provided to school admin. (Within 24 hours)	
	Date: ___/___/___ Time: ___/___	<input type="checkbox"/> Mailed <input type="checkbox"/> Hand-Delivered
	By Whom: _____	<input type="checkbox"/> Emailed
	Who was spoken to: _____	Date: ___/___/___
	Relationship to Student: _____	By Whom: _____
		To Whom: _____
Incident Duration & Details	1. Activity of Student prior to the incident of Restraint (antecedent): 2. Efforts made to deescalate the situation: (If none, why not?) 3. Alternatives that were attempted before restraint: (If none, why not?)	
Started Restraint Time __:__		
Released Restraint Time __:__		

Signature of Case Manager: _____ Date: ___/___/___ Signature of Administrator: _____ Date: ___/___/___ Filed: ___/___/___

Describe Danger to Student or Others (Emergency):	
Chronological Description of Incident (behavior, statements made, actions taken, etc.):	
*Any staff who <u>participated, assisted, or witnessed</u> the incident must complete a Description	
Injuries to staff or student:	
<p>REVIEW: (Must be completed within 5 calendar days of incident and <u>by all staff listed above</u>)</p> <p>1. Staff (listed above) reviewed the incident: Mark Y or N above by each name and the date reviewed.</p> <p>2. Follow up communication with student and family: Date: ___/___/___ By Whom: _____ Method: _____</p> <p>3. Reviewed document to assure alternative strategies were used: Alternatives Used Y or N</p> <p>4. Recommendations for adjustment of procedures (if appropriate):</p>	
<p>Report Sent to Parent/Guardian (must be sent within 5 calendar days from date of incident)</p> <p>Date: ___/___/___ By Whom: _____ Role: _____</p>	

Signature of Case Manager: _____ Date: ___/___/___ Signature of Administrator: _____ Date: ___/___/___ Filed: ___/___/___