## **Student Restraint Incident Report Form**

Student:	School:	
Date:	Time:	
Staff directly involved i statements, if any):	restraint (include names and titles; attach supplemental	
Witnesses (include nar	·	
	nmediately before the behavior occurred:	
Efforts/alternatives ma	de prior to the use of restraint:	
Teaching inter	action	
Offered self-co		
Verbal de-esc	ulation	
Other(s) (plea	e describe):	
Type of restraint used:		
Time restraint began:		
Time restraint ended:		

File: JKA-E

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Chronological description of incident (include behavior, statements made, actions taken):
Resolution:
Student calm/reintegrated into classroom/educational programming Student calm/additional time provided for de-escalation outside of instructional setting Additional support requested (medical/mental health/parent/police) Other(s) (please describe):
Injuries or property loss/damage:
Persons notified of incident (include name, title, date and time notified):
Name and title of person writing report
Signature

File: JKA-E

Checklist	Date	Comments
If an injury to staff or student has occurred,		
submit student accident report and/or staff		
incident report.		
Building principal or designee verbally notify		
parent by end of the school day that the restraint		
was used.		
Conduct internal review of incident of restraint.		
Review documentation to ensure use of		
alternative strategies and recommend		
adjustments to procedures, if appropriate.		
Report e-mailed, mailed or faxed to parent within		
5 calendar days of the use of restraint.		
If requested by parents or the school, convene a		
meeting (that may be an IEP, BIP or 504		
meeting) to review the incident.		

Copies: parent, student's confidential file [required]

ADOPTED: April 2013