



**LINCOLN COUNTY
SCHOOL DISTRICT**

PHYSICAL RESTRAINT or SECLUSION INCIDENT REPORT

Initials/Date: _____
Bldg Admin: _____
SIS Entry: _____
SpEd Admin: _____

Student Name: _____	SSID#: _____	Date of Birth: _____	Grade: _____	School: _____
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Circle one: IEP 504 Plan Behavior Support Plan

This report prepared by (Name): _____ Position: _____ Date: _____

Date of Incident: _____	Time Restraint/Seclusion Began: _____	Time R/S Ended: _____	
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Location of Incident:		
Classroom	Bus Loading Zone	To facilitate data entry, please attach a major or minor referral form to this Restraint or Seclusion Incident Report.
Playground	Parking Lot	
Common Area	On bus	
Hallway	Assembly/Field trip	
Cafeteria	Office	
Bathroom	Unknown location	
Gym	Other:	
Library		

This incident involved: (circle one or both) Restraint Seclusion

Incident Description:

	Behaviors Directed at:	Behavior that lead to restraint/seclusion:	Activity in which student or other students were engaged just prior to use of restraint/seclusion:
<input type="checkbox"/>	Staff		
<input type="checkbox"/>	Peers		
<input type="checkbox"/>	Self		
<input type="checkbox"/>	Other:		

Description of efforts made to deescalate and attempted alternatives to physical restraint or seclusion:

Restraint Methodology Used:	NCI	Physical restraint hold(s) used:
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Location of Seclusion Room:	Seclusion Room Meets the Following Criteria:
	<input type="checkbox"/> Allows staff full view of the student in all areas of the room
	<input type="checkbox"/> Is free of potentially hazardous conditions, such as unprotected light fixtures and electrical outlets

Staff administering restraint/seclusion (name):	Position:	NCI-Certified to administer restraints? (Trained in the prior 2 years)		Name of approved restraint methodology:	Received prior restraint training?		
		Yes	No		Yes	No	
		Yes	No	NCI	Yes	No	
		Yes	No	NCI	Yes	No	
		Yes	No	NCI	Yes	No	

Student's behavior during restraint/seclusion:	Student's behavior after restraint/seclusion:

Why was the use of restraint/seclusion necessary?	After 30 minutes of seclusion, a parent must be immediately informed verbally or electronically. Check here when done:
	<p>*Every 15 minutes after the first 30 minutes, an administrator must provide written authorization for the continuation of physical restraint or seclusion, including providing documentation for the reason it is being continued.</p> <p>Administrator Authorization? (Attach to this report)</p> <p>45 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>60 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>75 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>90 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>105 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>120 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>135 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>150 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>165 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>180 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Staff member(s) responsible for continuous monitoring of student's status during restraint/seclusion:	Description of any injury to the student and/or staff and any medical or first aid care provided (as per District policy, complete Incident Report in addition to this report):

Staff members/other adult witnesses (include name and position):

Parent Notification: Verbal notification of parents or guardians following the use of physical restraint or seclusion is required by the end of the school day the incident occurred; written notification required within 24 hours [OAR 581-021-0556(2)(a&b)].

Name of Parent(s) Contacted:			Contacted by the following staff member(s):	
Name:	Phone #:	Date/Time:	Name:	Position:

Document attempt to contact parent if unable to contact verbally:

Date/time of Debriefing (must be held w/in 2 school days after physical restraint or seclusion):	Participants (must include building administrator):

Parent invited to debriefing by: Phone In Writing In Person

Debriefing Notes, including further action to be taken:
(Note: Must hold IEP meeting after 5 incidents of restraint or seclusion)