

B. WAS A RESTRICTIVE PROCEDURE USED? If no, go to D. If yes, continue. No Yes

1. Was a physical holding used? No Yes If yes, complete table below.

Procedure	Start time	End time	Total time	Staff involved and role	Behavioral/Physical Status

2. Was room for seclusion used? No Yes If yes, complete table below.

Door Locked or Door Open	Start time	End time	Total time	Staff involved	Behavioral/Physical Status

C. OUTCOME OF INTERVENTION

Concerns/Comments: _____

Why was a less restrictive measure determined to be impractical by staff: _____

D. TIME-OUT DOCUMENTATION: _____

Location	Start time	End time	Total time	Staff monitoring and role

E. ACTION TAKEN

1. Administration notified immediately. (Required) Yes No

2. Parent/guardian contacted immediately following procedure. (Required)

Yes No a. Date: _____ b. Time: _____

3. Engaged parent in problem solving (e.g. insights into contributing factors outside of school or at school). Yes No

4. Informed parent of right to call for an informal or formal meeting to further discuss the incident and their child's program.

Yes No

5. IEP meeting called to review the adequacy of the IEP (Required if this is the second emergency use of restraint or seclusion in 30 days and not already documented in the IEP.) Yes No

6. Debriefing with other students: Yes No

7. Staff debriefing completed: Yes No

F. REVIEW OF INCIDENT REPORT

1. IEP Manager: _____ Date: _____

2. Administrator: _____ Date: _____

Copy to: Parent/Guardian/Student (if own guardian) Principal File