

# Golden Plains

Darrin Herl, Superintendent

210- West 6<sup>th</sup> Street – PO Box 199 Selden, KS 67757-0199

785-386-4560 Fax (785) 386-4562

Unified School District 316

Student name \_\_\_\_\_  Restraint  Seclusion

Student is on:  IEP  504 Plan

School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Person Completing the Report \_\_\_\_\_

Date of Report \_\_\_\_\_ Date of Incident \_\_\_\_\_ Begin Time \_\_\_\_\_ End time \_\_\_\_\_

## Description of the Incident

Description of events/circumstances before behavior prompting use of restraint or seclusion (setting):

Classroom instructional time  Classroom unstructured time  Classroom transition between activities  
 Hallway transition  Cafeteria  Playground  Other: (use back if needed) \_\_\_\_\_

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

Changed environment  Offered options  Offered quiet space  Offered sensory tools/calming techniques  
 Offered snack  Offered/went for walk  Planned ignoring  Reduced demands  Talked 1:1  Used verbal redirection  Other: \_\_\_\_\_

Student behavior which promoted the use of physical restraint/seclusion: (justification)

Physical aggression  to another student  to staff (ex. Hitting, kicking, shoving, throwing object at)  
 Imminent threat of physical aggression  to another student  to staff  
 Other \_\_\_\_\_

Description of the resolution and process of return of student to program (if appropriate):

Calm down, release, return to class  Coaching before return to class  Release to parent  
 Discipline process initiated  Other \_\_\_\_\_

## Description of Restraint or Seclusion: Staff Involved; Admin Sign Off

Location of restraint:  Classroom  Hall  Cafeteria  Playground  Other \_\_\_\_\_

Location of seclusion:  Classroom  Seclusion room  Other: \_\_\_\_\_

Staff person(s) involved, and certification status:

\_\_\_\_\_  CPI Certified \_\_\_\_\_  CPI Certified  
\_\_\_\_\_  CPI Certified \_\_\_\_\_  CPI Certified

If more than 30 minutes: (must be signed every 15 minutes)

Admin. Signature \_\_\_\_\_ Reason \_\_\_\_\_  
Admin. Signature \_\_\_\_\_ Reason \_\_\_\_\_  
Admin. Signature \_\_\_\_\_ Reason \_\_\_\_\_

## Bodily Injury of Student or Staff in relation to restraint or seclusion

Injury to student (complete injury report)  Injury to staff (complete employee accident report)

## Parent Notification (within 24 hours)

End of day: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Verbally  By \_\_\_\_\_

Written report: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Mailed  By \_\_\_\_\_

Debriefing meeting will be held: Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Parents/Guardians may attend. Behavior plan may be reviewed and updated at this meeting.

Copy of report forwarded to: Building Administration  Superintendent  Director of Special Education

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Debriefing Date: \_\_\_\_\_ Debriefing Time: \_\_\_\_\_ Debriefing Location: \_\_\_\_\_

Name of person completing follow-up debriefing with staff: \_\_\_\_\_

Debriefing participants: (list all)

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## Information Reviewed

CPI techniques used (implementation)

If any person administering restraint/seclusion was not CPI trained, what was the reason?

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Restraint/Seclusion Incident Report

FBA/BSP (required if 5 or more restraints/seclusions this school year)

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

## Debriefing Notes:

## Further Action Recommended

Review/revise FBA/BSP

Review/revise IEP

Consult with outside providers

Evaluation planning meeting

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

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Next steps (who/when):

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Copy of Debrief Report given to parent: Date \_\_\_\_\_ Method \_\_\_\_\_ By \_\_\_\_\_