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447.1-Form

Evansville Community School District
Restraint Report

Student Name: _____ Age/Grade: _____ Date of Report: _____

Teacher: _____ Date of restraint _____ Start: _____ Stop: _____

Location: _____

Person making report: _____ Signature _____

Name(s) of staff member(s) or others involved:

Name/Title _____

Name/Title _____

Description of activity in which the student was engaged in prior to use of restraint:

Efforts made to de-escalate behavior, check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Provided Choices | <input type="checkbox"/> Reduced verbal interactions |
| <input type="checkbox"/> Verbal Redirection | <input type="checkbox"/> Offered alternate place to work |
| <input type="checkbox"/> Calming techniques | <input type="checkbox"/> Processing/think time given |
| <input type="checkbox"/> Reduced Demands | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Changed staff involved | |

Student behavior that prompted the restraint, check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Imminent serious physical harm to themselves | <input type="checkbox"/> Imminent serious property destruction |
| <input type="checkbox"/> Imminent serious physical harm to others | <input type="checkbox"/> Other: _____ |

Alternatives to restraint that were attempted, check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Request for assistance | <input type="checkbox"/> Removal of other students |
| <input type="checkbox"/> Voluntary removal of student to another location | <input type="checkbox"/> Other: _____ |

Behavior of student during restraint: _____

Follow-up:

Parent contact: Date: _____ Method: _____

Completed by: _____

Discussion with student, once calm, includes trigger, perceptions, planning for future issues:

Debriefing with staff including suspected triggers, and planning for future interventions or actions:

IEP meeting needed: Yes, date scheduled: _____ No

Observation of student at end of restraint by school nurse/assistant:
