



## Restraint and Seclusion Incident and Debriefing Form

Student Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Duration of Incident: \_\_\_\_\_

Restraint       Seclusion      Date of Debriefing: \_\_\_\_\_

Is there a behavior goal or behavior plan as part of an Individualized Education Program, Functional Behavioral Assessment, Behavior Intervention Plan or 504 plan?

Yes       No      If yes, how was it followed?

Provide a brief description of the circumstances (antecedents) leading up to this incident.

ANTECEDENTS	
<i>WHAT CONTRIBUTED TO THE INCIDENT HAPPENING? (CHECK ALL THAT APPLY)</i>	
<input type="checkbox"/> Down time	<input type="checkbox"/> Not having control
<input type="checkbox"/> Transitioning	<input type="checkbox"/> Not being listened to
<input type="checkbox"/> Yelling	<input type="checkbox"/> Accommodations/modifications not implemented
<input type="checkbox"/> Feeling pressured	<input type="checkbox"/> Medication issue
<input type="checkbox"/> Being teased or picked on	
<input type="checkbox"/> Inability to Communicate needs/frustrations	
<input type="checkbox"/> Other: Please describe	

What less restrictive interventions were tried to deescalate the situation?

Give a summary of the incident.

Was the student reintroduced back into the classroom? If so, what worked to calm the student? If not, what happened with the student?

Based on observations before, during and after student interventions, should changes to adult response to student or student planning documents be made?



Do these changes impact any of the following? Note: If this is the third or more instance of restraint or seclusion in this school year, a Functional Behavioral Assessment must be created or reviewed.

- Individualized Education Program, Behavior Intervention Plan, Functional Behavioral Assessment, Other

If yes, name of person responsible for notifying the team: Individualized Education Program, Behavior Intervention Plan, Functional Behavioral Assessment, 504 Plan. Date: N/A

Additional comments (if any):

Empty box for additional comments

The parent/guardian must be contacted on the day of the incident. Was the parent/guardian contacted on the day of the incident?

- Yes, No, If no, why not?

Empty box for parent/guardian contact response

Parent Comment/Concern:

Empty box for parent comment/concern

Were there any preexisting medical conditions to be considered before restraint/seclusion?

- Yes, No, If yes, list:

If complaint of injury by student, describe:

Empty box for injury description

Was a medical evaluation provided to student following restraint/seclusion?

- Yes, No, If yes, attach a copy of the medical evaluation

Table with 4 columns: Name, Position in restraint or seclusion or witness, Signature, Has the staff completed annual crisis intervention training? (Y/N)



**WOOD COUNTY  
EDUCATIONAL  
SERVICE CENTER**

			<input type="checkbox"/> Y	<input type="checkbox"/> N
			<input type="checkbox"/> Y	<input type="checkbox"/> N
			<input type="checkbox"/> Y	<input type="checkbox"/> N

ACTION TAKEN	
<input type="checkbox"/> Was the student physically restrained: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: fill out restraint form and participate in debriefing
<input type="checkbox"/> Warning Issued for Offense Verbal <input type="checkbox"/> Written      Method: <input type="checkbox"/>	<input type="checkbox"/> Think it over form (attach it to this form)
<input type="checkbox"/> Parent Notification Method	<input type="checkbox"/> Phone   Phone #: _____ Date: _____ Time: _____ Contact: _____
<input type="checkbox"/> Time away from group	Time out: _____ Time In: _____
<input type="checkbox"/> In-School Suspension	No. of Days: _____
<input type="checkbox"/> Out-of-School Suspension: home or SSSP	No. of Days: _____
<input type="checkbox"/> Team Meeting/FBA/BIP	Date: _____
<input type="checkbox"/> Compensation for Damages	Amt. of Payment: \$ _____
<input type="checkbox"/> Probation Officer Contacted	Name: _____
<input type="checkbox"/> Police Report	Officer #: _____
<input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Other Action (Explain): _____	•Other: _____

Planning that may help the student process the event in the best way: (ie: seeing a counselor, talking to a teacher, writing in a journal, processing with sensory items)

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Resources to help both staff and families:  
 Parent mentor  
 Family and Children First Referral  
 ODD services  
 Other:

Wood County Educational Service Center Staff are trained in Physical Aggression Avoidance Response Remediation and Positive Behavior Intervention and Supports.