

BLOOMFIELD PUBLIC SCHOOLS
Bloomfield, Connecticut

ADMINISTRATIVE REGULATION

No. 5144.1(a)

**RE: Physical Restraint and Seclusion
 Students**

Adopted: 5/10/2016
Revised: 12/12/2017

The Board of Education (Board) seeks to foster a safe and positive learning environment for all students. In compliance with law, Board of Education employees will avoid the use of physical restraint or seclusion of students. However, physical restraint or seclusion of a student by trained school employees may be necessary in an emergency situation to maintain the safety of the student, where harm to the student or others is immediate or imminent.

The following sets forth the procedures for compliance with the relevant Connecticut General Statutes and Regulations concerning the physical restraint and seclusion of students in the Bloomfield Public Schools. The Board mandates compliance with this regulation and the law at all times. Violations of this regulation by a school employee or other individual working at the direction of, or under the supervision of the Board may result in disciplinary action, up to and including possible termination of employment status and/or termination of contract for services.

Nothing within these regulations shall be construed to interfere with the Board's responsibility to maintain a safe school setting, in accordance with Connecticut General Statutes §10-220, or to supersede the justifiable use of reasonable physical force permitted under Connecticut General Statutes §53a-18(6).

I. Definitions

- A. Life-threatening physical restraint means any physical restraint or hold of a person that (restricts the flow of air into a person's lungs, whether by chest compression or any other means, or immobilizes or reduces the free movement of a person's arms, legs or head while the person is in the prone position.
- B. Psychopharmacologic agent means any medication that affects the central nervous system, influencing thinking, emotion or behavior.

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- C. Physical restraint means any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. Excluded from this definition is briefly holding a person in order to calm or comfort the person; restraint involving the minimum contact necessary to safely escort a person from one area to another; medical devices including but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; helmets or other protective gear used to protect a person from injuries due to a fall; or helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or individualized education program pursuant to Connecticut's special education laws or prescribed or recommended by a medical professional and is the least restrictive means to prevent such self-injury.

- D. School employee means a teacher, substitute teacher, school administrator, Superintendent, guidance counselor, psychologist, social worker, nurse, physician, school paraprofessional, or coach employed by the Board of Education or working in a public elementary, middle or high school; or any other individual who, in the performance of his/her duties has regular contact with students and who provides services to or on behalf of students enrolled in the district's schools, pursuant to a contract with the Board of Education.

- E. Seclusion means the involuntary confinement of a student in a room, with or without staff supervision, in a manner that prevents the person from leaving. Seclusion does not include any confinement of a student in which the person is physically able to leave the area of confinement including, but not limited to, in-school suspension and time-out.

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- F. Student means a child (A) enrolled in grades kindergarten to twelve, inclusive, in a public school under the jurisdiction of a local or regional board of education, (B) receiving special education and related services in an institution or facility operating under contract with a local or regional Board of Education, (C) enrolled in a program or school administered by a regional education service center, or (D) receiving special education and related services from an approved private special education program, but does not include any child receiving educational services from Unified School District #2 or the Department of Mental Health and Addiction Services. A special education student, ages 18 to 21 inclusive, in a transition program is also covered by these regulations.
- G. Behavior Intervention: Supports and other strategies developed by the Planning and Placement Team ("PPT") to address the behavior of a person at risk that impedes the learning of the person at risk or the learning of others.

II. Procedures for Physical Restraint of Students

- A. No school employee shall under any circumstance use a life-threatening physical restraint on a student.
- B. No school employee shall use involuntary physical restraint on a student except as an emergency intervention to prevent immediate or imminent injury to the student or to others.
- C. Physical restraint of a student shall never be used as a disciplinary measure, as a convenience, or instead of a less restrictive alternative.

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II. Procedures for Physical Restraint of Students (continued)

- D. School employees must explore all less restrictive alternatives prior to using physical restraint on a student.
- E. School employees are barred from placing a student in physical restraint until he or she has received training in its proper use.
- F. School employees must comply with all regulations promulgated by the Connecticut State Board of Education in their use of physical restraint.
- G. Monitoring
 - a. A trained school employee must continually monitor any student who is physically restrained. The monitoring must be conducted by direct observation of the student.
 - b. A trained school employee must regularly evaluate the person being restrained for signs of physical distress. The school employee must record each evaluation in the educational record of the student being restrained.

III. Procedures for Seclusion of Students

- A. No school employee shall use involuntary seclusion on a student except as follows:
 - 1. as an emergency intervention to prevent immediate or imminent injury to the student or to others; or
 - 2. as specifically provided for in a student's behavioral plan, if other less restrictive, positive behavior interventions appropriate to the behavior exhibited by the student have been implemented but were ineffective.

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B. Use of Seclusion

1. A school employee may not use seclusion to discipline a student, because it is convenient or instead of a less restrictive alternative.
2. The area in which the student is secluded must have a window or other fixture allowing the student to clearly see beyond the seclusion area.
3. Any room used for seclusion must:
 - a. be of a size that is appropriate to the chronological and developmental age, size and behavior of the student;
 - b. have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which the seclusion room is located;
 - c. be equipped with heating, cooling, ventilation and lighting systems that are comparable to the systems that are used in the other rooms of the building in which the seclusion room is located;
 - d. be free of any object that poses a danger to the student who is being placed in the seclusion room;
 - e. have a door with a lock if that lock is equipped with a device that automatically disengages the lock in case of an emergency. Any latching or securing of the door, whether by mechanical means or by a provider or assistant holding the door in place to prevent the student from leaving the room, shall be able to be removed in the case of any emergency. An “emergency,” for purposes of this subsection, includes but is not limited to the following:
 - i. the need to provide direct and immediate medical attention to the student;
 - ii. fire;
 - iii. the need to remove the student to a safe location during a building lockdown; or
 - iv. other critical situations that may require immediate removal of the student from seclusion to a safe location; and

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- f. Have an unbreakable observation window located in a wall or door to permit frequent visual monitoring of the person at risk and any provider or assistant in such room. The requirement for an unbreakable observation window does not apply if it is necessary to clear and use a classroom or other room in the school building as a seclusion room.
- g. The monitoring of students in seclusion is to be done by direct observation from another room
- h. Prior to including seclusion in the behavioral plan of a special education student, the PPT must review the results of a functional behavioral assessment and other information determined to be relevant by the PPT. If, based on this information, the PPT determines that the use of seclusion is an appropriate behavior intervention for such student in an emergency situation, the PPT shall include the assessment data and other relevant information in the behavioral plan of the student as the basis upon which a decision was made to include the use of seclusion as a behavior intervention.
- i. When seclusion is included in the behavioral plan of a special education student and is used as a behavior intervention strategy more than two times in any school quarter, the PPT must convene to review the use of seclusion as a behavior intervention. At this PPT meeting, the team may consider whether additional evaluations or assessments are necessary to address the behavior of such student and may revise the behavioral plan as appropriate.

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- j. Any period of seclusion (1) shall be limited to that time necessary to allow the student to compose him or herself and return to the educational environment and (2) shall not exceed 15 minutes, except that this may be extended for additional periods of up to 30 minutes each, if the Principal or his/her designee, school health or mental health professional, or board certified behavioral analyst trained in the use of restraint and seclusion determines that continued restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others. Such authorization is to be placed in writing. Where transportation of the student is necessary, the written authorization to continue the use of seclusion is not required if immediate or imminent injury to the person at risk or to others is a concern.
- k. School employees, must explore all less restrictive alternatives prior to using seclusion for a student as an emergency intervention unless seclusion is being used pursuant to the behavioral plan of the student.
- l. School employees must comply with all regulations promulgated by the Connecticut State Board of Education in their use of seclusion for students.
- m. School employees are barred from placing a student in seclusion until he/she has received training in its proper use.

IV. Training of School Employees

The Board will provide training to members of each school's Crisis Intervention Team.

V. Crisis Intervention Teams

By July 1, 2015, and annually thereafter, each school shall identify a crisis intervention team. Such team shall consist of school professionals, paraprofessional staff members and administrators trained in the use of physical restraint and seclusion.

The Crisis Intervention Team will respond to any incident in which the use of physical restraint or seclusion may be necessary as an emergency intervention to prevent immediate or imminent injury to a student or to others.

Each member of the crisis intervention team shall be recertified in the use of physical restraint and seclusion annually.

This policy and procedures is available on the district's website and in the Board's procedural manual. The policy shall be updated not later than sixty (60) days after the adoption or revision of regulations promulgated by the State Board of Education.

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VI. Documentation and Communication

- A. After each incident of physical restraint or seclusion, and no later than the school day following the incident, a school employee must complete the standardized incident report form developed by the Connecticut State Department of Education for reporting incidents of physical restraint and seclusion. The incident form must be included in the educational file of the person at risk who was physically restrained or secluded. The information documents on the form must include the following:
1. in the case of an emergency use, the nature of the emergency and what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise;
 2. a detailed description of the nature of the restraint or seclusion;
 3. the duration of the restraint or seclusion;
 4. the effect of the restraint or seclusion on the student's established behavioral support or educational plan; and
 5. whether the seclusion of a special education student was conducted pursuant to a behavioral support or educational plan.
- B. A school employee must notify the parent or guardian of a student of each incident that the student is physically restrained or placed in seclusion.
1. A reasonable attempt shall be made to notify the parent or guardian of the student on the day of, but no later than twenty-four (24) hours after, physical restraint or seclusion is used as an emergency intervention to prevent immediate or imminent injury to the student or others.
 2. Notification may be made by telephone, e-mail, or other method which may include, but is not limited to, sending a note home with the student.
 3. The parent or guardian of a student who has been physically restrained or placed in seclusion shall be sent a copy of the completed standardized incident report of such action no later than two (2) business days after the emergency use of physical restraint or seclusion, regardless of whether the parent received the notification described in subsections 1 and 2 above.

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- C. The Director of Special Education [or other responsible administrator], or his or her designee, must, at each initial PPT meeting for a student, inform the child's parent, guardian, or surrogate parent, or the student if such student is an emancipated minor or eighteen years of age or older, of the laws relating to physical restraint and seclusion as expressed through this regulation, and of the laws and regulations adopted by the Connecticut State Board of Education relating to physical restraint and seclusion.
- D. The Director of Special Education [or other responsible administrator], or his or her designee, shall provide to the child's parent, guardian, or surrogate parent, or the student if such student is an emancipated minor or eighteen years of age or older, at the first PPT meeting following the child's referral to special education the plain language notice of rights regarding physical restraint and seclusion developed by the Connecticut State Department of Education.
- E. The plain language notice developed by the Connecticut State Department of Education shall also be provided to the child's parent, guardian, or surrogate parent, or the student if such student is an emancipated minor or eighteen years of age or older at the first PPT meeting at which the use of seclusion as a behavior intervention is included in the child's behavioral support or education plan.
- F. The Director of Special Education [or other responsible administrator], or his or her designee, must be notified of the following:
 - 1. each use of physical restraint or seclusion on a special education student;
 - 2. the nature of the emergency that necessitated its use;
 - 3. whether the seclusion of a special education student was conducted pursuant to a behavioral support plan; and
 - 4. if the physical restraint or seclusion resulted in physical injury to the student.

Responsibilities of the Director of Special Education [or other responsible administrator]

- A. The Director of Special Education [or other responsible administrator], or his or her designee, must compile annually the instances of physical restraint and seclusion within the District, the nature of each instance of physical restraint and seclusion and whether instances of seclusion were conducted pursuant to IEPs.
- B. The Director of Special Education [or other responsible administrator], or his or her designee, must report to the Connecticut State Department of Education any instance of physical restraint or seclusion that resulted in physical injury to the student.

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Legal References: Connecticut General Statutes

10-76b State supervision of special education programs and services.

10-76b-5 through 10-76b-11 Use of Seclusion & Restraint in Public Schools.

10-76d Duties and powers of the boards of education to provide special education programs and services.

10-220 Duties of boards of education.

46a-150-154 Physical Restraint, medication, and seclusion of persons receiving care, education, or supervision in an institution or facility.

46a-153 Recording of use of restraint and seclusion required. Review of records by state agencies. Reviewing state agency to report serious injury or death to Office of Protection and Advocacy for Persons with Disabilities and to Office of Child Advocate. (as amended by P.A. 12-88)

53a-18 Use of reasonable physical force.

PA 07-147 An Act Concerning Restraints and Seclusion in Public Schools.

PA 15-141 An Act Concerning Seclusion and Restraint in Schools.

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Physical Restraint Report Form**

Note: This report is required to be submitted to the Principal/Director of Special Education as soon as practicable after an incident involving physical restraint, but in no event later than 24 hours after the incident.

Physical Restraint: Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. The term **DOES NOT INCLUDE:** (A) briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or individualized education program pursuant to state special education statutes.

STUDENT INFORMATION:

Name of Student: _____ Date of Restraint: _____

Date of Birth: _____ Age: _____ Gender: M/F _____ Grade Level: _____

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: ___ No: ___ School: _____

Date of this report: _____ Site of physical restraint: _____

This report prepared by: _____ Position: _____

Staff administering restraint:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Staff monitoring restraint:

Name: _____ Title: _____

Name: _____ Title: _____

Administrator who was verbally informed following the restraint:

Name: _____ Title: _____

Reported by: _____ Title: _____

PRECIPITATING ACTIVITY:

Description of activity in which the restrained or other students were engaged immediately preceding emergency use of physical restraint: *(A student may not be placed in seclusion except as an emergency intervention to prevent immediate or imminent injury to the student or others. Restraint may not be used to discipline a student, because it is convenient or instead of a less restrictive environment.)*

Description of the risk of immediate or imminent injury to the student restrained or others that required use of physical restraint:

Description of other steps, including attempts at verbal de-escalation, to prevent the emergency necessitating use of restraint:

DESCRIPTION OF PHYSICAL RESTRAINT:

Justification for initiating physical restraint *(check all that apply)*:

- ☐ Non-physical interventions were not effective
- ☐ To protect student from immediate or imminent injury
- ☐ To protect other student/staff from immediate or imminent injury

Type of protective hold used:

- ☐ Side by side parallel hold
- ☐ Lifted and carried (full security hold)
- ☐ Held in chair (reverse cradle transport)
- ☐ Floor control
- ☐ Other *(describe)*

Regular evaluation of the student being restrained for signs of physical distress:

Initial Time: _____	Evaluation: _____
15 Min. Time: _____	Evaluation: _____
30 Min. Time: _____	Evaluation: _____
30 Min. Time: _____	Evaluation: _____
30 Min Time: _____	Evaluation: _____

Time restraint began: _____ Time restraint ended: _____
Total time (in minutes): _____

CESSATION OF RESTRAINT:

How restraint ended (*check all that apply*):

- ☐ Determination by staff member that student was no longer a risk to himself/herself or others
- ☐ Intervention by administrator(s) to facilitate de-escalation
- ☐ Law enforcement personnel arrived
- ☐ Staff sought in-house assistance
- ☐ Community emergency personnel arrived
- ☐ Other (*describe*):

Description of any injury to student and/or staff and any medical or first aid care provided:

Time medical staff checked injured person: _____

Medical staff actions: _____

Medical staff name: _____

Incident report was filed with the following school district official:

Date: _____

FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary)

The school will take the following actions (*check all that apply*)

- ☐ Review incident with student to address behavior that precipitated the restraint
- ☐ Debrief staff regarding incident
- ☐ Consider whether follow-up is necessary for students who witnessed the incident
- ☐ Further contact with parents (*describe*):

- ☐ Convene Crisis Intervention Team Meeting
- ☐ Convene PPT to review/revise behavior intervention plan and/or IEP
- ☐ Convene PPT to discuss functional behavior assessment

PARENT/GUARDIAN NOTIFICATION *(required for all restraints):*

Parent who was verbally informed of this restraint:

Name: _____ Telephone Number: _____

Date: _____ Time: _____

Called by: _____ Title: _____

Notice mailed to Parent: Yes_____ No_____

Mailed by: _____ Title: _____

Reviewed by: _____ Date: _____

(Principal/Program Administrator/ Team Leader)

Reviewed by: _____ Date: _____

(Director of Special Education)

FOR PRINCIPAL/DIRECTOR OR DESIGNEE USE ONLY

☐ Reviewed physical restraint report

☐ Reviewed behavior plan, if applicable

☐ In considering the effect of the restraint on the student's educational plan, I find the following:

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Form 2

Bloomfield Public Schools

Seclusion Report Form

Note: This report is required to be submitted to the Director of Special Education as soon as practicable after an incident involving the seclusion of a student, but in no event later than 24 hours after the incident.

Seclusion: The involuntary confinement of a student in a room, whether alone or with supervision by a Board of Education employee, in a manner that prevents the student from leaving. (A student may not be placed in seclusion except as an emergency intervention to prevent immediate or imminent injury to the student or others. Seclusion may not be used to discipline a student, because it is convenient or instead of a less restrictive environment. Seclusion does not include any confinement of a student in which the person is physically able to leave the area of confinement including, but not limited to, in-school suspension and time-out.)

CT-SEDS: Reporting an Incident of a Restraint/Seclusion
Form used internally - data must be entered in CT-SEDS within 2 business days.

Student's Name _____ **SASID#** _____

Date of Restraint or Seclusion _____ **Report Date** _____

Restraint or Seclusion Start Time Hours _____ Minutes _____ Seconds _____ AM/PM

Restraint or Seclusion End Time Hours _____ Minutes _____ Seconds _____ AM/PM

Duration of Restraint or Seclusion (Minutes) Minutes _____ Seconds _____

If duration of incident is greater than 15 minutes you are required to enter the name of the administrator who approved the continuation. Note that the approver must be a certified administrator, a school or mental health personnel, or a board-certified behavioral analyst, who has received training in the use of physical restraint and Restraint or Seclusion.

Continuation Time Period

Certified Administrator Name

16 to 45 minutes

46 to 75 minutes

76 to 105 minutes

106 to 135 minutes

Incident Location

(Facility where the Restraint or Seclusion occurred i.e. school, instructional site from diagnostic placement, summer program, transportation, other (note: CSDE will follow-up on incidents reported using other))

Staff Administering the Restraint or Seclusion

Is the staff member appropriately trained?

☐ Yes

☐ No

Staff Witnessing/Monitoring the Restraint or Seclusion _____

Restraint or Seclusion Circumstances - What was the Reason or Circumstance for using a Restraint or Seclusion?

- ☐ Immediate or imminent risk of injury to self
- ☐ Immediate or imminent risk of injury to others
- ☐ Immediate or imminent risk of injury to self and others

Restraint Type

- ☐ Physical Restraint
 - ☐ Sitting Hold/Control
 - ☐ Standing Hold/Control
 - ☐ Floor Hold/Control
- ☐ Forcible Escort

CT-SEDS: Reporting an Incident of a Restraint/Seclusion**Incident Injury - Was the student injured during the Restraint or Seclusion?**

- ☐ Yes, there was an injury to the student
- ☐ No, no injury or additional intervention required
- ☐ No, no injury, however, ambulance was called, and student transported to hospital for psychiatric evaluation because student could not be calmed without additional intervention
- ☐ No, no injury occurred during the Restraint or Seclusion. However, the student sustained an injury during the behavior that necessitated staff to respond by using Restraint or Seclusion



Injury Details Section: only complete if Incident Injury=Yes.

Injury Details - Student Injury Details (Select all that apply):

- ☐ Bite Mark(s)
- ☐ Bruising, Red Mark(s) and/or Petechiae
- ☐ Bump(s) and/or swelling
- ☐ Headache
- ☐ Minor Bleeding
- ☐ Minor Cut, Laceration, Scratch and/or abrasion(s)
- ☐ Head Injury assessment by school personnel was Negative for a concussion
- ☐ Numbness, Tenderness, Discomfort and/or Pain Reported
- ☐ Immediate Medical Evaluation/Intervention Required *potential serious injury information is required
- ☐ Later Medical Evaluation/Intervention Reported *potential serious injury information is required

First Aid and Injury Location - Select type of First Aid provided to the student (check all that apply):

- ☐ Evaluated by Nurse
- ☐ Band-Aid
- ☐ Ice
- ☐ Neosporin or Bacitracin Ointment
- ☐ Student declined medical attention
- ☐ No medical treatment required

Location of Injury on Student Body - Select type the location of injury(s) on the student's body (check all that apply):

- ☐ Head/Face/Mouth
- ☐ Front Torso
- ☐ Rear Torso
- ☐ Left Arm / Elbow / Hand
- ☐ Right Arm / Elbow / Hand
- ☐ Left Leg / Knee / Foot
- ☐ Right Leg / Knee / Foot

Injury Site at School - Please identify the location in the school or other site the student was injured:

- ☐ Hallway
- ☐ Classroom
- ☐ Timeout Area
- ☐ Outdoors
- ☐ Community Setting
- ☐ Other

CT-SEDS: Reporting an Incident of a Restraint/Seclusion

Serious Injury Section: only complete If Injury Details=Immediate Medical Evaluation/Intervention Required or Later Medical Evaluation/Intervention Reported

Outcome of Medical Evaluation

During the evaluation by a medical professional, was an injury identified?

- ☐ Yes, describe injury and reported results of the medical evaluation _____
- ☐ No



Serious Injury – Injury Identified Section: only complete If Outcome of Medical Evaluation =Yes

Injury Cause

- ☐ Yes, describe the self-injurious behavior or accidental event that resulted in the injury.
Reminder, only include details about the specific action that resulted in the injury, not the student behavior that caused staff to intervene using restraint or Restraint or Seclusion. _____
- ☐ Pending

Injury Result - Did the injury result in the death of the student? (Required)

- ☐ Yes
- ☐ No

Investigation of Incident

Is your agency/organization investigating this incident?

- ☐ Yes, what is the status of the investigation?
- ☐ Ongoing
- ☐ Completed
- ☐ Reported to DCF/DDS

- ☐ No

Student Activity or Behavior Precipitating the Incident

Describe the location and activity in which the student was engaged just prior to the incident and describe the observed behavior that led staff to classify the incident as an emergency.

Staff Activity or Response to the Incident

Describe steps, including de-escalation strategies, implemented to prevent the emergency.

CT-SEDS: Reporting an Incident of a Restraint/Seclusion**Staff Monitoring of Student Physical Distress**

The staff monitored the student for physical distress during the incident.

- ☐ Yes

Did the student demonstrate physical distress during the Restraint or Seclusion?

- ☐ Yes
☐ No

If yes, what signs of physical distress in the student were noted by the staff?

Cessation of Incident

How did the incident terminate?

- ☐ Determination by staff member that student was no longer a risk to themselves or others
☐ Intervention by administrator(s) to facilitate de-escalation
☐ Staff sought in-house medical assistance
☐ Emergency personnel arrived
☐ Other, describe _____

Parent Guardian Notification

Manner of notification of incident with 24 hours

- ☐ Verbal notification in-person
☐ Phone Call
☐ Sent note home with student
☐ Email

How will the district provide the parent a copy of the incident report?

- ☐ Hand Deliver
☐ Incident report will be sent home
☐ Incident report will be mailed home
☐ Incident report will be sent via parent portal

Further Action to be Taken

The school will take the following actions (check all that apply):

- ☐ PPT will convene to review/revise IEP
☐ PPT will convene to discuss FBA
☐ PPT will convene to develop/revise BIP
☐ Meeting required for general education student
☐ Convene Crisis Team Meeting
☐ Debrief with staff regarding incident
☐ Review incident with student to address behavior that precipitated the incident
☐ Consider whether follow-up is necessary for students who witnessed the incident
☐ Staff will need to review de-escalations strategies to reduce reoccurrence
☐ Other _____