

PHYSICAL RESTRAINT INCIDENT REPORT (OPTION 1)

'Physical restraint' means the restriction of a student's movement by one or more persons holding the student or applying physical pressure upon the student [OAR 581-021-0550(3)(a&b)].

Physical restraints may also be used in the case of an emergency circumstance when trained personnel are not immediately available due to the unforeseeable nature of the emergency circumstance [OAR 581-021-0553(2)(B)(ii)].

A. Student Information				
Student Name:	SSID #:	Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:

B. School Information		
School:	Address:	District:

C. Incident Description		
Date Incident Occurred:	Time restraint began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time restraint ended: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: <hr/>	Behavior(s) that lead to restraint:	

<p>Behavior(s) directed at:</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Peers</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Other: _____</p>	<p>Description of activity in which the restrained student or other students were engaged in immediately preceding use of physical restraint:</p>
<p>Thorough description of efforts made to de-escalate and alternatives to physical restraint that were attempted:</p>	
<p>Restraint methodology used:</p>	<p>Physical restraint hold(s) used:</p>
<p>Why was the use of physical restraint necessary?</p>	<p>How restraint ended (check all that apply):</p> <p><input type="checkbox"/> Determination by staff member that student was no long a risk to himself or others</p> <p><input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation</p> <p><input type="checkbox"/> Law enforcement personnel arrived</p> <p><input type="checkbox"/> Staff sought medical assistance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>Student's behavior during restraint:</p>	<p>Student's behavior after restraint:</p>

Staff member(s) responsible for continuous monitoring of student's status during the physical restraint:	Description of any injury to student and/or staff and any medical or first aid care provided <i>(as per district policy, if injury occurred, complete 'injury/accident report' in addition to this form.)</i> :

D. Staff administering restraint				
Name	Position	Certified to administer restraints	Name of approved restraint methodology	*Received prior restraint training
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
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*If the staff member involved with the restraint is not trained in an approved restraint methodology, explain why not below:

E. Observers	
Staff members/other adult witnesses <i>(include name and position):</i>	Student(s):

F. Parent Notification ¹		
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¹ Verbal notification of parents or guardians following the use of physical restraint is required by the end of the day the incident occurred; written notification is required within 24 hours [OAR 581-021-0556(2)(a&b)].

Name of parent(s) contacted: Phone #: Date and time of contact: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Documented attempt to contact parent if unable to contact verbally (<i>describe</i>):	Contacted by the following staff member (<i>include name and position</i>):
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This report has been prepared by

(Name) (Position)

(Address) (Phone #)

G. Continuous <i>Restraint</i> or Seclusion need after 30 minutes	Administrator Signature and Justification	Parent Contacted immediately
Time: Time: Time: Time:		Time/date: Staff Member who Contacted: Attempted to Contact, time/date: Electronic, Telephone, Direct (Circle one) (*Continue to attempt to contact even if voicemail message has been left)

PHYSICAL RESTRAINT INCIDENT REPORT (Option 2)

'Physical restraint' means the restriction of a student's movement by one or more persons holding the student or applying physical pressure upon the student [OAR 581-021-0550(3)(a)&(b)].

Physical restraints may also be used in the case of an emergency circumstance when trained personnel are not immediately available due to the unforeseeable nature of the emergency circumstance [OAR 581-021-0553(2)(B)(ii)].

Student Name:	SSID #:	Date of Birth:
<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:	School:

Incident Description:		
Date Incident Occurred:	Time restraint began: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time restraint ended: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) that lead to restraint:	
Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	Description of activity in which the restrained student or other students were engaged in immediately preceding use of physical restraint:	
Thorough description of efforts made to de-escalate and alternatives to physical restraint that were attempted:		

<p>Restraint methodology used:</p>	<p>Physical restraint hold(s) used:</p>
<p>Student's behavior during restraint:</p>	<p>Student's behavior after restraint:</p>
<p>Why was the use of physical restraint necessary?</p>	<p>How restraint ended (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Determination by staff member that student was no long a risk to himself or others <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Law enforcement personnel arrived <input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other (describe):
<p>Staff member(s) responsible for continuous monitoring of student's status during the physical restraint:</p>	<p>Description of any injury to student and/or staff and any medical or first aid care provided <i>(as per district policy, if injury occurred, complete 'injury/accident report' in addition to this form.):</i></p>

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Staff administering restraint				
Name	Position	Certified to administer restraints	Name of approved restraint methodology	Received prior restraint training
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Observers	
Staff members/other adult witnesses <i>(include name and position):</i>	Student(s):

Parent Notification ²		
Name of parent(s) contacted:	Documented attempt to contact parent if unable to contact verbally (<i>describe</i>):	Contacted by the following staff member (<i>include name and</i>

² Verbal notification of parents or guardians following the use of physical restraint is required by the end of the school day the incident occurred; written notification required within 24 hours [OAR 581-021-0556(2)(a&b)].

Phone #: Date and time of contact: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<i>position):</i>
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This report has been prepared by:

(Name)	(Position)	(Date)
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PHYSICAL RESTRAINT DEBRIEFING REPORT

Within two (2) school days of use of physical restraint, a documented debriefing meeting by appropriate staff, including staff involved in the restraint must occur [OAR 581-021-0556(4)(a)]. The purpose of the debriefing is to review the incident and the specifics surrounding it, preferably from a function-based perspective, and take any necessary actions to reduce the chances that such an incident will reoccur. Those attending the debriefing meeting shall have the opportunity to review the Restraint Report documenting the incident.

A. Student Information				
Student Name:	SSID #:	Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504	Grade:

			Plan <input type="checkbox"/> BIP	
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B. School Information		
School:	Address:	District:
Date of Debriefing:	Time of Debriefing Meeting:	Location:

C. Debriefing Notes

D. Further Action To Be Taken:

E. Signatures of those attending the debriefing meeting	Position
	Teacher

	Principal or administrator
	Case Manager

This report has been prepared by:

(Name) (Position)

Address: _____ Phone #: _____

SECLUSION INCIDENT REPORT (option 1)

'Seclusion' means the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving [OAR 581-021-0550(6)].

A. Student Information				
Student Name:	SSID #:	Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:

B. School Information		
School:	Address:	District:

C. Incident Description		
Date Incident Occurred:	Time seclusion began: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time seclusion ended: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: <hr/>	Behavior(s) that lead to seclusion:	

<p>Behavior(s) directed at:</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Peers</p> <p><input type="checkbox"/> Other: _____</p>	<p>Description of activity in which the student or other students were engaged in immediately preceding use of seclusion:</p>
<p>Thorough description of efforts made to de-escalate and alternatives to seclusion that were attempted:</p>	
<p>Why was the use of seclusion necessary?</p>	<p>How seclusion ended (check all that apply):</p> <p><input type="checkbox"/> Determination by staff member that student no longer required seclusion</p> <p><input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation</p> <p><input type="checkbox"/> Other (describe):</p>
<p>Student's behavior during seclusion:</p>	<p>Student's behavior after seclusion:</p>
<p>Staff member(s) responsible for continuous monitoring of student's status during seclusion:</p>	<p>Location of seclusion room:</p> <p>Seclusion room meets the following criteria:</p> <p><input type="checkbox"/> Allows staff full view of the student in all areas of the room</p> <p><input type="checkbox"/> Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets</p>

D. Observers	
Staff members/other adult witnesses <i>(include name and position):</i>	Student(s):

E. Parent Notification ³		
Name of parent(s) contacted: Phone #: Date and time of contact: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Documented attempts to contact parent if unable to contact <i>(describe)</i> :	Contacted by the following staff member <i>(include name and position)</i> :

This report has been prepared by:

(Name)	(Position)
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(Address)	(Phone#)
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³ Verbal or written notification of parents or guardians following the use of seclusion is required by the end of the day the incident occurred. *OAR 581-021-0556, (2)(a)&(b)*

F. Continuous Restraint or <i>Seclusion</i> needed after 30 minutes	Administrator Signature and Justification	Parent Contacted immediately
Time: Time: Time: Time:		Time/date: Staff Member who Contacted: Attempted to Contact, time/date: Electronic, Telephone, Direct (Circle one) (*Continue to attempt to contact even if voicemail message left)

SECLUSION INCIDENT REPORT (option 2)

'Seclusion' means the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving [OAR 581-021-0550(6)].

Student Name:	SSID #:	Date of Birth:
<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:	School:

Incident Description		
Date Incident Occurred:	Time seclusion began: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time seclusion ended: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: <hr/>	Behavior(s) that lead to seclusion:	
Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Other: <hr/>	Description of activity in which the student or other students were engaged in immediately preceding use of seclusion:	
Thorough description of efforts made to de-escalate and alternatives to seclusion that were attempted:		

<p>Student's behavior during seclusion:</p>	<p>Student's behavior after seclusion:</p>
<p>Location of seclusion room:</p> <p>Seclusion room meets the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allows staff full view of the student in all areas of the room <input type="checkbox"/> Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets 	<p>How seclusion ended (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Determination by staff member that student no longer required seclusion <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Other (describe):
<p>Staff member(s) responsible for continuous monitoring of student's status during seclusion:</p>	

Observers	
<p>Staff members/other adult witnesses <i>(include name and position):</i></p>	<p>Student(s):</p>

Parent Notification ⁴		
Name of parent(s) contacted:	Documented attempts to contact parent if unable to contact (<i>describe</i>):	Contacted by the following staff member (<i>include name and position</i>):
Phone #:		
Date and time of contact:		
<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		

This incident report has been prepared by:

(Name)	(Position)	(Date)
Debriefing Information		
Date of Debriefing:	Time of Debriefing Meeting:	Location:
Debriefing Notes:		
Further Action(s) to be taken:		

⁴ Verbal notification of parents or guardians following the use of seclusion is required by the end of the day the incident occurred; written notification is required within 24 hours [OAR 581-021-0556(4)(a)&(b)].

Signatures of those attending the debriefing meeting	Position
	Teacher
	Principal or administrator
	Case Manager

SECLUSION DEBRIEFING REPORT

Within two (2) school days of the use of seclusion, a documented debriefing by appropriate staff must occur, including staff involved in the seclusion [OAR 581-021-0556(4)(a)]. The purpose of the debriefing is to review the incident and the specifics surrounding it, preferably from a function-based perspective, and take any necessary actions to reduce the chances that such an incident will reoccur. Those attending the debriefing meeting shall have the opportunity to review the Seclusion Report documenting the incident.

A. Student Information				
Student Name:	SSID #:	Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:

B. School Information		
School:	Address:	District:
Date of Debriefing:	Time of Debriefing Meeting:	Location:

C. Debriefing Notes

D. Follow-up Actions

Signatures of those attending the debriefing meeting	Position
	Teacher
	Principal or administrator
	Case Manager

This report has been prepared by

(Name) (Position)

(Address) (Phone #)

SECLUSION INCIDENT DEBRIEFING REPORT (Condensed Version)

Within two (2) school days of the use of seclusion, a documented debriefing by appropriate staff must occur, including staff involved in the seclusion [OAR 581-021-0556(4)(a)] The purpose of the debriefing is to review the incident and the specifics surrounding it, preferably from a function-based perspective, and take any necessary actions to reduce the chances that such an incident will reoccur. Those attending the debriefing meeting shall have the opportunity to review the Restraint Report documenting the incident.

Debriefing Information		
Date of Debriefing:	Time of Debriefing Meeting:	Location:
Debriefing Notes:		
Further Action(s) to be taken:		

Signatures of those attending the debriefing meeting	Position
	Teacher
	Principal or administrator
	Case Manager

This report has been prepared by:

(Name) (Position)

PHYSICAL RESTRAINT AND/OR SECLUSION INCIDENT REPORT

Physical restraint means the restriction of a student's movement by one or more persons holding the student or applying physical pressure upon the student and does not include touching or holding a student without the use of force for the purpose of directing the student or assisting the student in completing a task or activity [OAR 581-021-0550(3)].

Physical restraint or seclusion may be used by a trained staff on a student in a public education program only if: The student's behavior imposes a reasonable threat of imminent, serious bodily injury to the student or others; and less restrictive interventions would not be effective. An untrained teacher, administrator, school employee or school volunteer may use reasonable force upon a student, when a student's behavior imposes a reasonable threat of imminent serious bodily injury to the student or others and trained personnel are not immediately available due to the unforeseen nature of an emergency circumstance. The use of force must be consistent with all provisions in OAR 581-021-0553 and OAR 581-021-0556(9).

Seclusion means the involuntary confinement of a student alone in a room from which the student is prevented from leaving. Seclusion does not include "time out" which means removing a student for a short time to provide the student with an opportunity to regain self-control, in a setting from which the student is not physically prevented from leaving OAR 581-021-0550 (c).

Parents must receive verbal or electronic notification of the incident by the end of the school day when the incident occurred OAR 581-021-0556 (2)(a).

Copies of this form must be provided to the Parent(s)/ Guardian(s) within 24 hours of the incident.

Student Name:		Incident Type:	
Date of Birth		Seclusion Type:	
SSID#:			
Date of Incident:			
School Name		Number of incidents this school year:	
IEP 504 Plan Behavior Intervention Plan (BIP)		Including the current incident in this report. Every (5) five incidents, an IEP meeting including the parent must be held for the purpose of reviewing and revising the student's behavior plan, and ensuring the provision of any necessary behavioral supports.	
Approved Training Program Used for Physical Restraint:			
Time Restraint Started	Time Restraint Ended	Total Time of Restraint	
Location of restraint: Classroom Hall Cafeteria Playground Other: (describe)			
Time Seclusion Started	Time Seclusion Ended	Total Time of Seclusion	
Location of Seclusion: Allows staff full view of the student in all areas of the room Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets.			

Staff Involved In Incident:					
Name	Position	Administered restraint	Certified to administer restraints	Observed incident	Responsible for continuous monitoring
		Yes No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		Yes No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		Yes No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		Yes No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		Yes No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Description of the student's activity that prompted the use of physical restraint or seclusion:					
Description of efforts used to de-escalate the situation and the alternatives to physical restraint and/or seclusion that were attempted:					

Description of behavior(s) during physical restraint and/ or seclusion (taken from continuous monitoring form):

How restraint and/or seclusion ended:

Determination by staff member that student was no longer a risk to themselves or others

Intervention by administrator(s) to facilitate de-escalation

Law enforcement personnel arrived Staff sought medical assistance

Other:

Description of any injury to student and/or staff and any medical or first aid care provided (as per district policy, if injury occurred complete separate forms as needed in addition to this form):

If serious bodily injury or death of a student occurs, written notification of must be sent within (24) twenty-four hours to Department of Human Services, and to the superintendent, and if applicable, to the union representative for the affected party. A record of injuries or death must be maintained by the district. Contact your building administrator to report this information.

Parent/ Guardian Notification (Verbal, electronic, or written notification of parents or guardians following the use of physical restraint and/ or seclusion is required by the end of the day the incident occurred [*OAR 581-021-0556*]).

Name of Parent or Guardian Contacted:

Contact Method: Phone In Person Written Notice Other: _____

Date of Contact:

Time of Contact:

Contacted By:

Documented attempt(s) to contact parent or guardian if unable to contact verbally:

Parent invited to debriefing meeting:

(Parental attendance is not required, but they must be invited. Written notes must be taken of the debriefing meeting, and a copy of the written notes must be provided to a parent or guardian of the student, per OAR 581-021-0556(4)(a).

PHYSICAL RESTRAINT AND/OR SECLUSION DEBRIEFING REPORT

Within two school days of the use of physical restraint, a documented debriefing by appropriate staff, including staff involved in the restraint, must occur in accordance with *OAR 581-021-0556(2)*. The purpose of the debriefing is to review the incident and take any necessary actions to reduce the chances that such an incident will reoccur. Those attending the debriefing meeting shall have the opportunity to review the physical restraint/seclusion report documenting the incident. Parents must be invited to debriefing meetings and receive a copy of the debriefing report.

Student Name:		SSID#:	IEP 504 BIP
Date of Birth:	School Name:		Date of Debriefing:
Time & Location of Debriefing Meeting:			
Date of Incident:		Type of Incident:	
Debriefing Meeting Minutes:			
Team members present (all staff involved in incident must be present at debriefing meeting).			

Name	Signature	Title

Copy of *Incident and Debriefing Report* sent to parents

CONTINUOUS MONITORING FORM

Continuous Monitoring Form	Incident Type:	Write the actual time
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State law requires continuous monitoring by personnel of the public education program for the duration of the physical restraint or seclusion.	R: Physical Restraint S: Seclusion	under the red time amounts listed in the left column. Attach completed form to Incident Report.
Student Name:	SSID#:	Date

Time	Incident Type	Continuous Monitoring Details (What is the student doing?)	Staff Initial
Start			
5m			
10m			
15m		Alert Administrator or Designee	
20m			
25m			
30m		Adequate access to bathroom and water	Administrator or Designee Signature required to Continue

		Parent Notification: Method?	By whom?	Parent Notice (call or email) Complete Administrative Approval for Continued Use of Physical Restraint Seclusion form.
35m				
40m				
45m				Administrator or Designee Signature required to Continue Parent Notice (call or email) Complete Administrative Approval for Continued Use of Physical Restraint Seclusion form.
50m				
55m				
60m		Adequate access to bathroom and water		Administrator or Designee Signature required to Continue Parent Notice (call

			or email) Complete Administrative Approval for Continued Use of Physical Restraint Seclusion form.
65m			
70m			
75m			Administrator or Designee Signature required to Continue Parent Notice (call or email) Complete Administrative Approval for Continued Use of Physical Restraint Seclusion form.

STUDENT MONITORING RECORD

Name: _____ School: _____
Date: _____

Time:	Incident Type	Details of Student Behavior			Staff Initials	Comments:
Start: 05m	<input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
		<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
10m	<input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
		<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
15m	<input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
		<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
20m	<input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
		<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
25m	<input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
		<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
30m	<input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
		<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
Bathroom?		<input type="checkbox"/> Accepted			<input type="checkbox"/> Rejected	

Water?		<input type="checkbox"/> Accepted			<input type="checkbox"/> Rejected	
Parent contact made?		<input type="checkbox"/> Y <input type="checkbox"/> N				
Administration Approval:						
35m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
40m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
45m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
50m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
55m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
60m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		
	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		
		<input type="checkbox"/> Laying	<input type="checkbox"/> Hitting/ Kicking	<input type="checkbox"/> De-escalating		
Bathroom?		<input type="checkbox"/> Accepted			<input type="checkbox"/> Rejected	
Water?		<input type="checkbox"/> Accepted			<input type="checkbox"/> Rejected	

Parent contact made?	<input type="checkbox"/> Y <input type="checkbox"/> N
Administration Approval:	

PARENT NOTIFICATION LETTER

:

On _____, _____ was involved in a _____. Personnel involved in the incident, who administered the _____ had not received training from a program approved by the Department of Education. In accordance with OAR 581-021-0556, this letter is to notify you that this occurred.

The reason an untrained staff member was involved in the incident was _____. The debriefing meeting for this incident will be held on _____ at _____ AM. If you have any questions about this incident, please contact me via phone at _____.

Sincerely,

ADMINISTRATIVE APPROVAL FOR CONTINUED USE OF PHYSICAL RESTRAINT/SECLUSION

Every fifteen (15) minutes after the first thirty (30) minutes of the physical restraint or seclusion, an administrator for the public education program must provide written authorization for the continuation of the physical restraint or seclusion, including providing documentation for the reason the physical restraint or seclusion must be continued [OARS 581-021-0553 (3)(c)].

Administrator Name (Please Print): _____ Time: _____

Reason for continued use of Physical restraint Seclusion :

Signature: _____ Expiration Time of Approval (15 minutes):

Administrator Name (Please Print): _____ Time: _____

Reason for continued use of Physical restraint Seclusion:

Signature: _____

Expiration Time of Approval (15 minutes): _____

Every fifteen (15) minutes after the first thirty (30) minutes of the physical restraint or seclusion, an administrator for the public education program must provide written authorization for the continuation of the physical restraint or seclusion, including providing documentation for the reason the physical restraint or seclusion must be continued [OAR 581-021-0553(3)(c)].

Administrator Name (Please Print): _____

Time: _____

Reason for continued use of Physical restraint Seclusion:

Signature: _____

Expiration Time of Approval (15 minutes): _____

Administrator Name (Please Print): _____

Time: _____

Reason for continued use of Physical restraint Seclusion:

Signature: _____

Expiration Time of Approval (15 minutes) _____

QUICK REFERENCE GUIDE TO RESTRAINT AND SECLUSION

Effective July 1, 2012*ONLY enter into restraint in the case of imminent danger to persons***DURING Restraint or Seclusion:**

1. Staff will constantly monitor student in restraint or seclusion.
2. Staff will notify administrator as soon as possible.
3. For restraint or seclusion exceeding 30 minutes:
 - a. Administrator will sign consent every 15 minutes.
 - i. *Use district consent form.*
 - b. District personnel will immediately notify parent (verbally or electronically).
 - c. Adequate access to bathroom and water will be provided to student every 30 minutes.

AFTER Restraint or Seclusion:

1. District personnel will notify parents by end of day (verbally or electronically).
2. Written notification will be provided to parents within 24 hours.
 - a. *Use district notification form.*
3. Incident report will be completed by those involved in restraint or seclusion.
 - a. *Use district incident reporting form.*
4. Debriefing meeting will be held within 2 days of incident with all staff involved and an administrator.
 - a. *Complete district debriefing form thoroughly.*