

**Restraint Incident Report**

In accordance with section 1003.573, Florida Statutes, *Use of Restraint and Seclusion on Students with Disabilities*, within 24 hours of releasing a student with a disability from restraint or seclusion, an incident report must be completed. If the student’s release occurs on a day before the school closes for the weekend, a holiday or a natural disaster, the incident report must be completed by the end of the day the school reopens. A copy of the incident report must be sent to the parent or guardian within 3 school days after the student was manually physically restrained or secluded. Mailing a hard copy of this report to the parent or guardian will satisfy the requirement to provide an incident report as noted above. Note: The incident reporting requirement is separate from the requirement in the law to notify the parent in writing on the day the incident occurred.

\* indicates a required field

**\*Student First Name:**

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**\*Student Last Name:**

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**Student Middle Name/Initial:**

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**\*Date of Birth:**

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| --- |
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**\*School Year:**

**\*Grade:**















**\*Race:**

 

 

 

**\*Ethnicity:**



**\*Gender:**



**\*Primary Exceptionality:**

 

 

 

 

  

 





**\*Date of Incident:**

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**\*Start Time, restraint (HH:MM AM/PM):**

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**\*End Time, restraint (HH:MM AM/PM):**

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**\*Date of Parent Notification**

**Parent Notification Method (Check all that apply)**

**Final Report Sent Date**

**\*Is the student served in a residential setting?**

**🌕 Yes 🌕 No**

**\*Location at which restraint occurred:**











**If other or off campus, please describe:**

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**\* Crisis Management Training Strategy Used (specific to this incident):**

* CPI/NCI (Crisis Prevention Institute/Nonviolent Crisis Intervention)
* PCM (Professional Crisis Management)
* T.E.A.M. (Techniques for Effective Aggression Management)
* TEACH (Techniques for Adolescent and Child Handling)
* SCM (Safe Crisis Management)
* HWC (Handle With Care)
* VITAL (Violence Intervention Techniques and Language)
* Other
* TOTEM

**If other, please describe:**

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**\*Type of most restrictive restraint used:**

* Seated
* Standing
* Prone (lying face down)
* Supine (lying face up)
* Immobilization while in transport
* Mechanical

**If mechanical, please describe:**

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**\*Person(s) using or assisting in restraint:**

 **First Name Last Name Position**

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| --- | --- | --- |
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**Non-student witnesses:**

 **First Name Last Name Position**

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**\*Indicate what was happening before the restraint occurred (check all that apply).**

**The student was:**

* Given a direction
* Interacting with peers
* Presented work
* Given/serving a consequence
* Faced with unexpected change
* Transitioning to another activity
* Seeking attention
* Other

**\*Describe:**

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**\*Indicate the behavioral strategies used to prevent/deescalate the behavior (check all that apply).**

* Offered choices/preferred activity/breaks
* Praised/encouraged
* Verbally prompted/redirected
* Environment changed
* Visually prompted/redirected
* Blocked behavior
* Provided reinforcers
* Other

**\*Describe:**

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**\*Indicate the behavior that warranted the use of restraint (check one only).**

* Verbal threat/aggression
* Self injurious behavior
* Physical aggression
* Unsafe behavior (e.g., climbing furniture)
* Running away
* Property destruction
* Other

**\*Describe:**

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**\*Indicate who was at risk of immediate physical harm (check all that apply).**

* The student
* Other students
* Adults

**\*How was it determined that there was imminent risk of serious injury or death to the student or others?**

**\*Describe:**

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**\*Indicate what occurred with the student immediately after termination of the restraint (check all that apply).**

* Debriefing/problem solving
* Environment change
* Return to activity/situation
* Removal by parent
* Behavior escalated
* Removal by law enforcement

**\*Describe**

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**\*Did the student have any injuries, visible marks, or medical emergencies that occurred during the use of restraint?**

* Yes
* No

If yes, describe:

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**\*Did anyone else (other students or adults) have any injuries, visible marks, or medical emergencies that occurred during the use of restraint?**

* Yes
* No

If yes, describe:

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**RESTRAINT Incident Report**

Keep the copy of the report for your records. Sign and return this page to school.

**Student First Name:**

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**Student Last Name:**

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**Student Middle Name/Initial:**

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 **Date of Birth:**

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|  |

**School:**

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**Date of Incident:**

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**Time of Incident:**

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I acknowledge receipt of the incident report.

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**Parent Signature Date**