**Restrictive Procedures Training Form**

**Employee:**

Trainer will place initials and date next to each area in which the employee has completed training.

| **Initials** | **Date** | **Training Component** |
| --- | --- | --- |
|       |       | 1. Positive behavioral interventions |
|       |       | 2. Communicative intent of behaviors |
|       |       | 3. Relationship building |
|       |       | 4. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior |
|       |       | 5. De-escalation methods |
|       |       | 6. Standards for using restrictive procedures |
|       |       | 7. Obtaining emergency medical assistance |
|       |       | 8. Physiological and psychological impact of physical holding and seclusion |
|       |       | 9. Monitoring and responding to a child’s physical signs of distress when physical holding is used. |
|       |       | 10. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used. |
|       |       | 11. District policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure; and |
|       |       | 12. School-wide programs on positive behavior strategies. |

**Trainer Name(s):**

**Employee Signature:** 02/2014