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| **RESTRICTIVE PROCEDURES OVERSIGHT COMMITTEE FORM** |
| **Meeting Date:** | **District/Program:** |

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| **The oversight committee has:** | **Comments & Discussion:** |
| * Reviewed any Restrictive Procedures based on patterns or problems indicated by similarities in:
* Time of day
* Day of the week
* Duration or use of a procedure
* Individuals involved
* Other factors
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| * Reviewed the number of times a Restrictive Procedure was used school-wide and for individual children.
	+ Including students in general education and those eligible for special education services.
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| * Reviewed any disproportionate use of Restrictive Procedures based on patterns or problems indicated by:
	+ Race
	+ Gender
	+ Disability status
	+ Role of the school resource officer (SRO) or police in instances of imminent emergencies
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| * Reviewed the number and types of injuries resulting from the use of restrictive procedures.
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| * Reviewed whether restrictive procedures are used for non-emergency situations.
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| * Reviewed the need for additional staff training.
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| * Reviewed proposed actions to minimize the use of restrictive procedures.
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| * Reviewed any restrictive procedures law updates.
* Minnesota Statutes, section 125A.0942 (Standards of Restrictive Procedures)
* Minnesota Statutes, section 121A.58 (Corporal Punishment)
* Minnesota Statutes, section 121A.582 (Student Discipline & Reasonable Force)
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| * Reviewed all forms for completion.
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| * Reviewed post-use debriefing forms.
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| * Reviewed IEP meetings (if Restrictive Procedures were used 2 times in 30 days, a meeting must be scheduled with the IEP team no later than…)
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| * Reviewed district practices regarding restrictive procedures.
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| **OVERSIGHT COMMITTEE MEMBER SIGNATURES:** |
| General Education Administrator |  |
| Special Education Administrator |  |
| Expert in Positive Behavior Strategies |  |
| Mental Health Professional, School Psychologist, or School Social Worker |  |
| Other (if applicable) |  |
| Other (if applicable) |  |
| Other (if applicable) |  |