****Restrictive Procedures Reporting Form**

Student Name:       Age:      Gender:      Date:

Federal Setting:       Primary Disability:

Site/Program:      Race (Amer. Indian, Asian, Black, Hispanic, White, Other):

**Definition of Emergency: *The District uses Restrictive Procedures only in emergency situations. “Emergency” means a situation where immediate intervention is needed to protect the child or other individuals from physical injury.***

**Describe emergency situation (specifically cite behavior in which the child or other individual was to be injured, i.e. biting, kicking, punching, etc.):**

**Was the intervention used to protect child or other individual from physical injury? YES [ ]  NO [ ]**

**Positive and least restrictive interventions tried before use of restrictive procedure:**

[ ] Redirection, Correction, Verbal or Non-verbal Feedback

[ ] Brief supervised removal - (another location for purposes of engaging in activities or discussion related to behavior, thoughts or feelings)

[ ] Safe place to relax/regroup (voluntary)

**[ ] Describe why intervention failed:**

**Did an injury occur prior to the use of the Restrictive Procedure? YES [ ]  NO [ ]**

**Restrictive Procedure Used in the Emergency**

**Physical Holding? YES [ ]  NO [ ]  Seclusion? YES [ ]  NO [ ]**

**CPI:**

[ ] CPI Team Control Position **Does the room meet the requirements of a room used for seclusion?**

[ ] CPI Children’s Control Position [ ]  **Yes [ ]  No**

[ ] Seated Position – Medium Level Hold **Seclusion continuously monitored by staff?**

[ ] Seated Position – Higher Level Hold [ ]  **Yes [ ]  No Initials**

[ ] Standing Position – Medium Level Hold

[ ] Standing Position – Higher Level Hold

**Did an injury occur during the use of the Restrictive Procedure because of** **the Restrictive Procedure?**

 [ ]  **Yes [ ]  No**

**If so, Describe**

**Did the student injure themselves with self-injurious behaviors during the use of Restrictive Procedures?**

[ ]  **Yes [ ]  No**

**If so, Describe**

**Time of Restrictive Procedure: Procedure Began Ended Total Time**

**Did the physical holding or seclusion end when the threat of harm ended? YES [ ]  NO [ ]**

**Description of physical/behavior status upon ending:**

**Parent/Guardian Notification**

**Parent/guardian notified (date):**       **Who was contacted?**

**Parent/guardian notified by: [ ]** Phone [ ] Email [ ] Notebook [ ] In Person

**By whom?**

**Person completing form:**       **File: Due Process File, Oversight Comm. Chair, Parent** August 2018