

Union County Educational Services Commission
Physical Restraint Incident Report

Student Name: _____ D.O.B.: _____

School: _____ Grade: _____ Teacher: _____

Sending District: _____ Contact: _____

Incident Description

Date of Incident: _____ Location of Incident: _____

Time Restraint Began: _____ Time Restraint Concluded: _____

Certified Staff Member Responsible for Student: _____

Behaviors Leading to Restraint:

Type(s) of CPI Restraints Utilized:

- Immediate Risk of Harm to Self
- Immediate Risk of Harm to Others
- Active Episode of Harm to Self
- Active Episode of Harm to Others

- Children's Control Position
- Team Control Position
- Transport Position
- Interim Control Position

Description of Self-Injurious and/or Aggressive Behaviors:

De-Escalation Strategies Attempted Prior to Restraint:

Incident Participants

Participants in Restraint:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Witnesses to Restraint:

Name: _____ Title: _____

Name: _____ Title: _____

Certified Staff Member Responsible for Submitting Incident Report

Name: _____ Title: _____

Certified Staff Member's Signature

Date

Nurse Screening

Was the student screened by the Nurse following the restraint? ___ Yes ___ No

Date and Time of Screening: _____

Did the student sustain a serious injury during the restraint? ___ Yes ___ No

Were parent(s) notified of the injury sustained during the restraint? ___ Yes ___ No

Description of Injury and Treatment:

Nurse's Signature

Date

Administrative Review and Follow-Up Recommendations

Name: _____ Title: _____

Follow-Up Actions:

- Notify Parents and Sending District of Incident/Restraint
- Contact CST Case Manager to Schedule Team Meeting
- Behaviorist to Develop Behavior Intervention Plan
- Refer Student for Medical/Psychiatric Evaluation
- Disciplinary Action/Suspension
- Other: _____

Additional Recommendations:

Administrator's Signature

Date

Behaviorist Review and Assessment

Does the student have any existing Behavior Intervention Plan? ___ Yes ___ No

Does the existing Behavior Intervention Plan require modification? ___ Yes ___ No

Were CPI Techniques reviewed with staff following restraint? ___ Yes ___ No

Additional Recommendations:

Behaviorist's Signature

Date

Parent Notification

Parent Name(s): _____

Contacted By: _____

Date and Time of Contact: _____

Summary of Contact:

District Notification

District Staff Name: _____

Contacted By: _____

Date/Time of Contact: _____

Summary of Contact:
