

**Connecticut State Department of Education
Incident Report of Physical Restraint**

Note: Any use of physical restraint is to be documented in the child's educational record and, if appropriate, in the child's school health record. Use of the CSDE Incident Report of Physical Restraint is required and should be completed as soon after the incident as possible or within 24 hours of the incident.

Physical Restraint means any mechanical or personal restriction that immobilizes or reduces the free movement of a child's arms, legs or head. **It does not include:** (1) briefly holding a child in order to calm or comfort the child; (2) restraint involving the minimum contact necessary to safely escort a child from one area to another; (3) medication devices, including supports prescribed by a health care provider to achieve proper body position or balance; (4) helmets or other protective gear used to protect a child from injuries due to a fall; or (5) helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or IEP and is the least restrictive means available to prevent self-injury.

District Information

School District: _____ Address: _____ Phone: _____
School: _____ Address: _____ Phone: _____
Date of Restraint: _____ Date of Report: _____

Person preparing the report: _____

Time restraint initiated _____ Time restraint ended _____ Total time of restraint _____*

If the total length of the restraint exceeds 15 minutes, attach the documentation of the **required Administrator's (or designee) determination of the need for continuation of the restraint to prevent immediate or imminent injury to the student or to others.*

Student Information

Student's Name: _____ SASID #: _____ Date of Birth: _____
Age: _____ Gender (M /F): _____ Grade: _____ Race: _____ Disability: _____
____ The student is a general education student.
____ The student currently receives special education services.
____ The student is being evaluated or considered for eligibility for special education services.

Staff Information

Name of staff administering restraint: _____ Title _____
Name of staff monitoring/witnessing restraint: _____ Title _____

Student activity/behavior precipitating use of restraint

Describe the location and activity in which the student was engaged just prior to the restraint:

Describe the risk of immediate or imminent injury to the student restrained or to others that required the use of restraint: _____

Staff activity/response

Describe other steps, including de-escalation strategies implemented to prevent the emergency, which necessitated the use of restraint: _____

Describe the nature of the physical restraint: (include the type of hold/restraint and the number of persons required): _____

Did the student demonstrate physical distress during the restraint? _____ Yes _____ No
Indicate times student was monitored for physical distress and if any signs of physical distress were noted: _____

Describe the disposition of the student following the restraint:

Was the student injured during the emergency use of restraint? _____ Yes _____ No
If "yes," complete and attach a Report of Injury.

Parent/Guardian Notification

Was parent/guardian notified within 24 hours of the incident?

____ Yes (indicate manner) _____
____ No

Was a copy of the Incident Report sent to parent/guardian within two business days?

_____ Yes _____ No

Is a *** PPT required** to review/revise the IEP or discuss additional evaluation or the development/revision of a FBA and or BIP?

_____ Yes _____ No

Is a PPT recommended to modify the IEP? _____ Yes _____ No *If "yes," indicate date* _____

Is a ***meeting required for this general education student?** _____ Yes _____ No _____
If "yes," indicate date _____

***A PPT or a meeting is required if this incident marks the 4th incident of restraint or seclusion within a twenty school day period**

To be completed in the event that a student is restrained or secluded for a period exceeding 15 minutes.

Public Act 15-141 requires that an administrator, as defined in section 10-144e of the general statutes, or such administrator's designee, a school health or mental health personnel, or a board certified behavioral analyst, who has received training in the use of physical restraint and seclusion, shall determine whether continued physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others. Upon a determination that such continued physical restraint or seclusion is necessary, such individual shall make a new determination every thirty minutes thereafter regarding whether such physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others.

Time restraint or seclusion was initiated: _____ a.m. /p.m.

Time restraint or seclusion was terminated: _____ a.m. /p.m.

15 minute determination of the necessity of continued restraint or seclusion: _____ a.m. /p.m.

Signature of qualified* administrator, designee, school health or mental health professional

30 minute determination of the necessity of continued restraint or seclusion: _____ a.m. /p.m.

Signature of qualified* administrator, designee, school health or mental health professional

30 minute determination of the necessity of continued restraint or seclusion: _____ a.m. /p.m.

Signature of qualified* administrator, designee, school health or mental health professional

30 minute determination of the necessity of continued restraint or seclusion: _____ a.m./p.m.

Signature of qualified* administrator, designee, school health or mental health professional

*qualified is defined as having received required training in the use of physical restraint and seclusion