File: JKA-E-1

## **Student Restraint Incident Report Form**

Student:	School:
Date:	Time:
Location:	
Staff directly involved in restatements, if any):	estraint (include names and titles; attach supplemental
Witnesses (include names	and titles):
Description of events imm	ediately before the behavior occurred:
Teaching interact	
Offered self-contr Verbal de-escalat	<b>0</b> ,
	describe):
Type of restraint used:	
Time restraint began:	
Time restraint ended:	<del></del>
Chronological description taken):	of incident (include behavior, statements made, actions

Resolution:	
Student calm/reintegrated into classroom/e Student calm/additional time provided for d instructional setting Additional support requested (medical/mer Other(s) (please describe):	le-escalation outside of
Injuries or property loss/damage:	
Persons notified of incident (include name, title, dat	te and time notified):
Name and title of person writing report	
Signature	

Checklist	Date	Comments
If an injury to staff or student has occurred,		
submit student accident report and/or staff		
incident report.		
Building principal or designee verbally notify		
parent by end of the school day that the restraint		
was used.		
Conduct internal review of incident of restraint.		
Review documentation to ensure use of		
alternative strategies and recommend		
adjustments to procedures, if appropriate.		

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If restraint was between one and five minutes, written notice given to parents on the d ay of the restraint	
If restraint was five minutes or more, verbal notice given to parent on the day of restraint, and written report e-mailed, mailed or faxed to parent within 5 calendar days of the use of restraint.	
If requested by parents or the school, convene a meeting (that may be an IEP, BIP or 504 meeting) to review the incident.	

Copies: parent, student's confidential file [required]

Issue date: 7/26/10

Revised: 04/24/23