

JEFFERSON COUNTY SCHOOL DISTRICT 509J
PHYSICAL RESTRAINT AND/OR SECLUSION INCIDENT REPORT

Physical restraint means the restriction of a student’s movement by one or more persons holding the student or applying physical pressure upon the student and does not include touching or holding a student without the use of force for the purpose of directing the student or assisting the student in completing a task or activity [OAR 581-021-0550(3)].

Physical restraint or seclusion may be used by a trained staff on a student in a public education program only if: The student’s behavior imposes a reasonable threat of imminent, serious bodily injury to the student or others; and less restrictive interventions would not be effective. An untrained teacher, administrator, school employee or school volunteer may use reasonable force upon a student, when a student’s behavior imposes a reasonable threat of imminent serious bodily injury to the student or others and trained personnel are not immediately available due to the unforeseen nature of an emergency circumstance. The use of force must be consistent with all provisions in OAR 581-021-0553 and OAR 581-021-0556(9).

Seclusion means the involuntary confinement of a student alone in a room from which the student is prevented from leaving. Seclusion does not include “Time Out” which means removing a student for a short time to provide the student with an opportunity to regain self- control, in a setting from which the student is not physically prevented from leaving OAR 581-021-0550 (c).

Parents must receive verbal or electronic notification of the incident by the end of the school day when the incident occurred OAR 581-021-0556 (2)(a).

Copies of this form must be provided to the Parent(s)/ Guardian(s) within 24 hours of the incident.

Student Name:		Incident Type:	
Date of Birth:			
SSID#:			
Date of Incident:		Seclusion Type:	
School Name:		Number of incidents this school year: Including the current incident in this report. Every (5) five incidents, an IEP meeting including the parent must be held for the purpose of reviewing and revising the student’s behavior plan, and ensuring the provision of any necessary behavioral supports.	
<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Behavior Intervention Plan (BIP)			
Approved Training Program Used for Physical Restraint: Nonviolent Crisis Intervention (CPI)			
Time Restraint Started	Time Restraint Ended	Total Time of Restraint	

Location of restraint:
 ___ Classroom ___ Hall ___ Cafeteria ___ Playground
 ___ Other: (describe) _____

Time Seclusion Started:	Time Seclusion Ended:	Total Time of Seclusion :
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Location of **Seclusion**:
 ___ Allows staff full view of the student in all areas of the room.
 ___ Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets.

Staff Involved In Incident:

Name	Position	Administered restraint	Certified to administer restraints	Observed incident	Responsible for continuous monitoring
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

Description of the student's activity that prompted the use of physical restraint or seclusion:

Description of efforts used to de-escalate the situation and the alternatives to physical restraint and/or seclusion that were attempted:

Description of behavior(s) during physical restraint and/or seclusion (taken from continuous monitoring form):

How restraint and/or seclusion ended:

- Determination by staff member that student was no longer a risk to themselves or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived Staff sought medical assistance
- Other:

Description of any injury to student and/or staff and any medical or first aid care provided (as per district policy, if injury occurred complete separate forms as needed in addition to this form):

If serious bodily injury or death of a student occurs, written notification of must be sent within (24) twenty-four hours to Department of Human Services, and to the superintendent, and if applicable, to the union representative for the affected party. A record of injuries or death must be maintained by the district. Contact your building administrator to report this information.

Parent/Guardian Notification (Verbal, electronic, or written notification of parents or guardians following these of physical restraint and/or seclusion is required by the end of the day the incident occurred [OAR 581-021-0556].

Name of Parent or Guardian contacted:

Contact Method: Phone In Person Written Notice Other: _____

Date of Contact: _____ Time of Contact: _____ Contacted By: _____

Documented attempt(s) to contact Parent or guardian if unable to contact verbally:

Parent invited to Debriefing meeting

Parental attendance is not required, but they must be invited. *Written notes must be taken of the debriefing meeting, and a copy of the written notes must be provided to a parent or guardian of the student, per OAR 581-021-0556(4)(a).*

Administrator's Signature

Date