Shenendehowa Central Schools

BOE7350F

TIMEOUT AND PHYSICAL RESTRAINT REPORT FORM

This form must be filled out after each incident involving the use of timeout, including timeout used in conjunction with a student's behavioral intervention plan, and/or physical restraint on each student. There may be circumstances where the limited use of timeout and physical restraint intervention may be used, such as when de-escalation interventions are not effective in preventing imminent danger of serious physical harm to the student or others.

Notification of parent/legal guardian (*notification must occur <u>same day</u> as incident*)

Date: _____ Time: _____ Notified by: _____ Method: _____
(**1st attempt telephone or in person**)

If successful contact was not made, follow up with an email to the parent/guardian and document the three additional attempts to contact parent/legal guardian:

Date: _____ Time: _____ Notified by: _____ Method / Result: _____
Date: _____ Time: _____ Notified by: _____ Method / Result: _____
Date: _____ Time: _____ Notified by: _____ Method / Result: _____

Notification checklist:

- ☐ Described incident and timeout or physical restraint duration
- ☐ Shared immediate follow up after time out (e.g., alternative strategies discussed with student, data is being collected to identify patterns and modify interventions)
- ☐ Offered follow up meeting to discuss incident
  - ☐ Accepted, scheduled date/time/location: _____
  - ☐ Declined meeting
- ☐ Debrief meeting will be held on (must occur within three school days of incident): _____

Information about the student

Name: _____ Date of Birth: _____

School & Grade: _____

Does the student have any of the following supports? Check all that apply:

- ☐ Not Applicable
- ☐ Individualized Education Program (IEP)
- ☐ Section 504 Accommodation Plan
- ☐ Behavior Intervention Plan (BIP)
- ☐ Individual Crisis Management Plan (ICMP)
- ☐ Any other plan developed for the student by the school? _____

Information about the incident
Check all that apply:

- ☐ Use of timeout
- ☐ Use of physical restraint

Date: _____ Time: _____ Duration: _____

Setting/location: _____

Staff member(s) who participated in the implementation, monitoring, and/or supervision of the use of timeout or physical restraint.

_____

_____

Name(s) of any other persons involved: _____

_____

Description of the incident (precipitating events, during restraint and end result) including the behavior posing imminent risk of serious harm to self or others. Be specific. _____

_____

_____

_____

Proactive Interventions (De-escalation):
Check the positive, proactive intervention strategies utilized prior to the use of timeout and/or physical restraint. *Below are examples - add additional as applicable*.

- ☐ Active/empathetic listening
- ☐ Managing the immediate setting
- ☐ Prompting/modeling self-calming techniques
- ☐ Positive attention to group/others or the student
- ☐ Prompting for engagement
- ☐ Offering choices
- ☐ Providing time and space to respond
- ☐ Positive reminders of how behaviors relate to plans
- ☐ Caring gesture
- ☐ Hurdle help
- ☐ Redirection and distraction
- ☐ Provided proximity
- ☐ Directive statement
- ☐ Offered a break

Additional Strategies:

If the student has a BIP: Were the positive and proactive intervention strategies used consistent with the student's BIP? Yes / No / N/A If No, explain why not: _____

For Physical Restraint Only:
How long did the restraint last?_____
Check the type of physical restraint employed:

- ☐ Small child restraint (1 person)
- ☐ Check if second person assisted with legs
- ☐ Standing restraint (2 person)
- ☐ Seated restraint (2 person)
- ☐ Check if third person assisted with legs

For Timeout Only:
How long did the timeout last?_____
Approximately how long was the student out of his/her program? _____

Physical Restraint Only:
Nurse assessment (*school nurse must always assess student after physical restraint*)

Date: _____ Time: _____ Student assessed by: _____

Were any injuries sustained by the student during the incident? Yes / No

Were any injuries sustained by the staff, witnesses, others during the incident? Yes / No

If any injuries were sustained during the incident, indicate who was injured (student, staff, witnesses, etc.) and provide a description of the injuries, including any evaluation or treatment received:

_____

_____

_____

Life Space Interview

Was a Life Space interview Completed?

- ☐ Yes
- ☐ No

If yes, by whom and what was the outcome. If no, why was one not completed.

_____

Signature, review, and documentation

Form *completed* by:

_____	_____	_____
Name/Title	**Signature**	**Date**

Form *reviewed* by:
Building Principal:

_____	_____	_____
Name	**Signature**	**Date**

School Psychologist/Counselor:

_____	_____	_____
Name	**Signature**	**Date**

Form *shared* with parent/legal guardian:

Date: _____ Time: _____ Shared by: _____ Method: _____
(email, US mail, etc.)

Form *shared* with Director of Special Education for recordkeeping and reporting purposes (all students):

Date: _____ Time: _____ Shared by: _____ Method: _____
(email, file sharing, etc.)