## JKA-E Student Restraint Incident Report Form

Student:	School:	
Date:	Time:	
Location:		
Staff directly involved in	restraint (include names and titles; attach supplemen	ntal statements, if any):
	J ('.J)	
Witnesses (include names		
Description of events imm	nediately before the behavior occurred:	
	prior to the use of restraint:	
Teaching interaction		
Offered self-contro		
Verbal de-escalatio		
	scribe):	
Type of restraint used:		
Time restraint began:		
Time restraint ended:		

Chronological description of incident (include behavior, statements made, and actions taken):
Resolution:
Student calm/reintegrated into classroom/educational programming
Student calm/additional time provided for de-escalation outside of instructional setting
Additional support requested (medical/mental health/parent/police)
Other(s) (please describe):
Injuries or property loss/damage:
Persons notified of incident (include name, title, date and time notified):
<del></del>
<u> </u>
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.		
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)

ADOPTED: August 12, 2010