	istrict N	Use of F	Restrictive Procedures: Physical Holding
Student:		SSID:	Date of incident:
School:		Age:	Grade:
Birth date:		Gender:	
Federal setting	g:		
Primary disabi	lity:		
A. Is the student H	lispanic/Latino?		
□Yes □ No			
B. What is the stud			
	ian or Alaska Native 🗆 Asian 🗋		
	ian or Other Pacific Islander 🗌 W	Thite	
C. Federal race American Indian of	ar Alaska Nativa		
American mulan	JI AIASKA IVALIVE		
Staff must comple Staff involved	te this form when an incident occu	irs that includes the use of one or more physical he	olds.
First name	Last name	Role in incident	
Person completing	g this form:		
Name	Position	Phone	
Physical holding			
Procedure	- · ·	End time	Total time
	Start time		Total time
Was physical hold Yes No Explain	ling used to protect student or othe	rs from physical injury?	

Description of the incident that led to this physical holding

Description of the physical holding and a brief description of the student's behavioral and physical status

Did this	nysical hold result in the student being placed in face down position?
Yes	JNo
Explain	

Did any of these prohibited activities occur

- 1. engaging in conduct prohibited under section 121A.58;
- 2. requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
- 3. totally or partially restricting a child's senses as punishment;
- 4. presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
- 5. denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is needed to prevent injury to the child or others or

serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;

- 6. interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under chapter 260E;
- 7. withholding regularly scheduled meals or water;
- 8. denying access to bathroom facilities;
- physical holding that restricts or impairs a child's ability to breathe, restricts or impairs a child's ability to communicate distress, places pressure or weight on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso; and
   prone restraint.

Yes	□No
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Explain

Was physical holding the least intrusive intervention to effectively respond to the emergency? Yes DNo Explain why a less restrictive intervention failed or was determined to be inappropriate or impractical (What less restrictive intervention was tried?)

Did this physical holding end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity?  $\Box$  Yes  $\Box$  No Explain

Did staff	directly observe the child during this physical hold?
Yes	□No
Explain	

Did staff sustain an injury as a result of this physical holding? Yes No Explain

Did the student sustain an injury as a result of this physical holding? Yes No Explain

Was the school resource officer or a police officer involved in this restrictive procedure?  $\Box$  Yes  $\Box$  No Explain

## Parent/guardian information

Parents must be notified the same day a restrictive procedure is used. A written or electronic notice must be sent home within two (2) days if unable to notify on the same day or as otherwise indicated by the student's parent and in the student's IEP.

Name:	Phone (home):
Relationship to child:	Phone (work):
Address:	Phone (cell):
City/State/Zip:	Email:
Name:	Phone (home):
Name: Relationship to child:	Phone (home): Phone (work):

Time

Date

Notified by

How notified

	District MN			Use of Restrictive	e Procedures: Seclusion
Student:			SSID:		Date of incident:
School:			Age:		Grade:
Birth date:			Gender:		
Federal set	ing:				
Primary disa	ability:				
	nt Hispanic/Latino?				
Yes No					
B. What is the $\Box$ American I		Asian 🗌 Black or Africar	n American		
American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White					
C. Federal race					
American India	an or Alaska Native				
Staff involved					
First name		Last name	Role in	incident	
Person comple	ting this form:				
Name		Position	Phone		
Seclusions					
Start time		End time	Total ti	me	
Was seclusion Yes No Explain		or others from physical injury			

Description of the emergency situation

Description of the incident that led to seclusion

Location of the seclusion

Brief description of the student's behavior and physical status during seclusion

Was seclusion the least intrusive intervention to effectively respond to the emergency?  $\Box$  Yes  $\Box$  No Explain why a less restrictive intervention failed or was determined to be inappropriate or impractical

Did seclusion end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity?  $\Box$  Yes  $\Box$  No Explain

Did staff directly observe the child during seclusion? Yes No Explain

 Did staff sustain an injury as a result of the seclusion?

 □Yes
 □No

 Did the student sustain an injury as a result of the seclusion?

 □Yes
 □No

Was the school resource officer or a police officer involved in this restrictive procedure?  $\Box$  Yes  $\Box$  No

Explain

## Parent/guardian information

Parents must be notified the same day a restrictive procedure is used. A written or electronic notice must be sent home within two (2) days if unable to notify on the same day or as otherwise indicated by the student's parent and in the student's IEP.

Name:	Phone (home):
Relationship to child:	Phone (work):
Address:	Phone (cell):
City/State/Zip:	Email:
Name:	Phone (home):
Relationship to child:	Phone (work):
Address:	Phone (cell):
City/State/Zip:	Email:
Date	
Time	
Notified by	
How notified	