****** ELC Restrictive Procedures Reporting Form

Student Name:

Date:

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| **Definition of Emergency:*****The District uses Restrictive Procedures only in emergency situations. “Emergency” means a situation where immediate intervention is needed to protect the child or other individuals from physical injury.*** |

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| **Describe emergency situation (specifically cite behavior in which the child or other individual was to be injured, i.e. biting, kicking, punching, etc.):**      **Was the intervention used to protect child or other individual from physical injury? YES** **[ ]  NO** **[ ]** **Positive and least restrictive interventions tried before use of restrictive procedure:**[ ] Redirection, Correction, Verbal or Non-verbal Feedback [ ] Brief supervised removal - (another location for purposes of engaging in activities or discussion related to behavior, thoughts or feelings)[ ] Safe place to relax/regroup (voluntary)**[ ] Describe why intervention failed:**      **Did an injury occur prior to the use of the Restrictive Procedure? YES [ ]  NO [ ]**  |

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| **Restrictive Procedure Used in the Emergency****Physical Holding? YES [ ]  NO [ ]  Seclusion****? YES [ ]  NO [ ]** **CPI:**[ ] CPI Team Control Position **Does the room meet the requirements of a room used for seclusion?**[ ] CPI Children’s Control Position [ ]  **Yes** **[ ]  No**[ ] Seated Position – Medium Level Hold **Seclusion continuously monitored by staff?**[ ] Seated Position – Higher Level Hold [ ]  **Yes** **[ ]  No Initials**      [ ] Standing Position – Medium Level Hold [ ] Standing Position – Higher Level Hold**PCM:** **Immobilization:**[ ]  Vertical [ ]  1 Person [ ]  2 Person [ ]  3 Person [ ] Supine [ ] 3 Person[ ] 4 Person **Transport:**[ ] One-Arm Wrap Around[ ] Single [ ] Double Wrist Tricep [ ] Single [ ] Double Sunday Stroll **Did an injury occur during the use of the Restrictive Procedure because of** **the Restrictive Procedure?** [ ]  **Yes [ ]  No If so, Describe**      **Did the student injure themselves with self-injurious behaviors during the Restrictive Procedure?**[ ]  **Yes [ ]  No If so, Describe**       |
| **Time of Restrictive Procedure: Procedure Began Ended Total Time**                                                                                                                                               **Did the physical holding or seclusion end when the threat of harm ended? YES [ ]  NO [ ]** **Description of physical/behavior status upon ending:**       |
| **Parent/Guardian Notification** **Parent/guardian notified (date):**       **Who was contacted?**     **Parent/guardian notified by:** **[ ]** Phone [ ] E-mail [ ] Notebook [ ] In Person**By whom?**       |

**Person completing form:**       **File: Due Process File, Oversight Comm. Chair, Parent** August 2021