****** 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 Person4 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