

Behavior Incident/Physical Restraint Form

Student Name: _____ Begin time: _____ End time: _____ Date: _____

Staff Involved: _____

Instructional setting code: _____ Student disability code: _____

What happened before?	Inappropriate behavior?	What happened after?
<input type="checkbox"/> appeared to be in discomfort <input type="checkbox"/> asked to do something <input type="checkbox"/> bored-no materials/activities <input type="checkbox"/> could not get desired item <input type="checkbox"/> loud/disruptive environment <input type="checkbox"/> nothing "out of the blue" <input type="checkbox"/> ongoing behavior interrupted <input type="checkbox"/> other student provoked <input type="checkbox"/> stopped from doing activity <input type="checkbox"/> transitional time <input type="checkbox"/> attention given to others <input type="checkbox"/> other-specify: _____ _____ _____	<input type="checkbox"/> fidgeting <input type="checkbox"/> noncompliance <input type="checkbox"/> off tasks <input type="checkbox"/> physical/verbal aggression <input type="checkbox"/> playing with objects <input type="checkbox"/> property destruction <input type="checkbox"/> provoking/teasing others <input type="checkbox"/> running away <input type="checkbox"/> screaming tantrum <input type="checkbox"/> self-injurious behavior <input type="checkbox"/> other-specify: _____ _____ _____	<input type="checkbox"/> called for assistance <input type="checkbox"/> interruption/clocking <input type="checkbox"/> nothing/ignored <input type="checkbox"/> physical discomfort relieved <input type="checkbox"/> physical redirection to activity <input type="checkbox"/> physical restraint (manual) <input type="checkbox"/> removed from room/area <input type="checkbox"/> required to continue activity <input type="checkbox"/> separation within room/area <input type="checkbox"/> time-out (duration: _____) <input type="checkbox"/> verbal redirection to activity <input type="checkbox"/> other-specify: _____ _____ _____

COMPLETE THE INFORMATION BELOW ONLY IF RESTRAINT IS REQUIRED:

Reason for restraint:

- 01 - Imminent serious physical harm to themselves
- 02 - Imminent serious physical harm to others
- 03 - Imminent serious physical harm to themselves and others
- 04 - Imminent serious property destruction
- 05 - Imminent serious physical harm to themselves and imminent serious property destruction
- 06 - Imminent serious physical harm to others and serious property destruction
- 07 - Imminent serious physical harm to themselves and others and imminent serious property destruction

Identify nature of the physical harm or property destruction: _____

- Restraint hold that was used:
- CPI Children's Control Position
 - CPI Transport Technique
 - CPI Team Control Position
 - CPI Interim Control Position
 - Other: _____

Parent notified: in-person mail Time restraint began: _____ Time restraint ended: _____

Administrator notified: _____ verbal written

- Location of restraint:
- Classroom
 - Hallway
 - Restroom
 - Gym
 - Bus
 - Outside school building
 - Other: _____

What had staff done prior to the restraint as an attempt to de-escalate the student?

- Verbally redirected the student to alter his/her behavior
 - Spoke to the student outside the classroom
 - Relocated the student in the classroom
 - Removed other students from the classroom
 - Requested that the student take a "time out"
 - Requested that other staff manage the student
 - Verbally praised the student for demonstration de-escalation techniques
 - Reminded student of incentive for demonstrating appropriate behavior
 - Clarified expectations
 - Other: _____
- Changed the activity
 - Discontinued the activity
 - Changed the assignment
 - Discontinued the assignment
 - Moved away from the student
 - Contacted the office

Description of incident (include actions or events leading up to the incident):

Was the student's behavior self-injurious or was he/she threatening to harm him/herself? Yes No

If yes, how:

Did the student damage valuable property? Yes No

If yes, how:

Was the student advised that restraint would be used if the violence did not stop? Yes No There was not time.

Did the student's behavior disrupt the learning environment? Yes No

If yes, how:

Following the restraint, describe other strategies the teacher/staff employed to assist the management of behavior:

Staff member completing this form: _____
(Printed name) (Signature)