

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 33

Physical Restraint and/or Seclusion Incident Report

Instruction to Staff: This report must be completed and provided to an appropriate administrator/designee within two school days of an incident of a student physical restraint or seclusion regulated by Maine Department of Education Rule Chapter 33.

A. STUDENT INFORMATION

Name of student: _____ School: _____
Grade: _____ Age: _____ Gender: _____
Name of parents/guardians: _____

Does the student have an: IEP 504 Plan Behavior Plan IHP Other Plan (if other, please specify type): _____

B. INCIDENT INFORMATION

Date of incident: _____ Location(s) of incident (be specific): _____

Did the incident involve: Physical Restraint Seclusion Both

Total time of incident from beginning to when the student calmed down and returned to regular programming: _____

If physical restraint and/or seclusion were used more than once during the incident, specify the beginning and ending time of each use:

Describe the circumstances and specific student behavior that led to the incident: _____

Describe what interventions were tried prior to the use of physical restraint and/or seclusion (if none were tried, explain why): _____

Describe the incident as it happened, including the type(s) of physical restraint and/or seclusion used: _____

Describe how the incident was resolved and the student returned to program (if applicable):

Was anyone injured during the incident? Yes No

If yes, provide the date and time of the nurse or other response personnel notification:

If yes, what treatment was administered: _____

C. STAFF INFORMATION

Provide the following information about staff members involved in the incident:

Name: _____	Role: _____	Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Role: _____	Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Role: _____	Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Role: _____	Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Role: _____	Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Role: _____	Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No

D. OTHER INFORMATION

Date, time and method of parent/guardian notification: _____

Scheduled date and time of staff debriefing: _____

Scheduled date and time of student debriefing: _____

NAME AND POSITION OF PERSON COMPLETING REPORT:

DATE OF REPORT: _____

History: Adopted Meeting #923 February 4, 2013