* **Restraint** means the restriction of a student's actions or movements by holding the student or using pressure or other means.
	+ Restraint may only be utilized if the student’s behavior must impose a **reasonable risk of imminent and substantial physical or bodily injury** to the student or others, and less restrictive interventions would not be effective.
* **Seclusion** means the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving. Seclusion includes, but is not limited to, the involuntary confinement of a student alone in a room with a closed door, whether the door is locked or unlocked.
	+ Seclusion may only be utilized if the student’s behavior imposes a **reasonable risk of imminent and serious bodily injury** to the student or others, and less restrictive interventions would not be effective.
* **Staff Training:** Staff must be trained to use restraint and seclusion through programs approved by the Department of Education under OAR 581-021-0563 (Approval of Restraint and Seclusion Training Programs for School Staff); or otherwise available in the case of an emergency circumstance when trained personnel are not immediately available due to the unforeseeable nature of the emergency circumstance.
* **Continuous Monitoring:** Restraint and seclusion incidents must be continuously monitored by personnel of the public education program for the duration of the restraint or seclusion.

|  |
| --- |
| **A. Student Information** |
| Student Name: | SSID Number: | Date of Birth: | * IFSP
* IEP
* 504 Plan
* BIP
 | Grade: |
| **B. School Information** |
| School/Program: | Address: | District: |
| **C. Incident Information**   |
| Incident Type * Restraint
* Seclusion
* Both Restraint and Seclusion
 | Programs must preserve, and may not destroy, any records related to an incident of restraint or seclusion. This includes any photographs, audio or video recordings. The records must be preserved in the original format and without any alteration. * **Is there existence of a record?**

□ No □ Yes * Parents must receive written disclosure of the existence of a record within 24 hours of the incident.
* Any photographs or audio or video recordings must be reviewed during the required debriefing meeting.
 |
| Date Incident Occurred: | Time Incident Began:□ a.m. □ p.m. | Time Incident Ended:□ a.m. □ p.m. | Total time/duration of the restraint or seclusion incident: |
| Location of incident:* Classroom
* Hall
* Cafeteria
* Playground
* Other:
 | Behavior(s) that led to the application of restraint or seclusion: |
| Behavior(s) directed at:* Staff
* Peers
* Self
* Other:
 | Description of activity in which the student or other students were engaged in immediately preceding the use of restraint or seclusion: |
| Thorough description of efforts made to de-escalate and alternatives to restraint or seclusion that were attempted: |
| Why was the use of restraint or seclusion necessary? |
| Name of approved restraint methodology used: | Restraint hold(s) applied during the incident: |
| Student behavior during incident: | Student behavior after incident: |
| Staff member(s) responsible for continuous monitoring of student status during the incident: | Description of any injury to student(s) and/or staff and any medical/first aid care provided (as per district policy, if injury occurred, complete ‘injury/accident report’ in addition to this form): |
| **Serious Bodily injury or Death in relation to the use of restraint or seclusion*** **Student** – If an incident results in Serious Bodily injury or death of a student, oral notification of the incident must be provided immediately to a parent or guardian of the student and to the Department of Human Services. Additionally, written notification of the incident must be provided within 24 hours of the incident to the Department of Human Services.
* **Personnel** – If an incident results in Serious Bodily injury or death of personnel, written notification of the incident must be provided within 24 hours of the incident to the district superintendent, to the Superintendent of Public Instruction and, if applicable, to the union representative for the affected party.
 |
| How the incident ended (check all that apply):* Determination by staff member(s) that student was no longer a risk to themselves or others.
* Intervention by administrator(s) to facilitate de-escalation.
* Law enforcement personnel arrived.
* Staff sought medical assistance.
* Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **For Incidents of Seclusion:**  |
| Staff member(s) responsible for continuous monitoring of student status during seclusion: | Seclusion Room ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* The room allows staff full 360-degree view of the student in all areas of the room.
* The room is free of potentially hazardous conditions and meets the standards for seclusion rooms as per OAR 581-021-0568.
 |

| Name: | Position: | Is the staff member currently trained and certified in an approved methodology?  | Name of approved training methodology:  | TrainingCertificationExpiration Date:  |
| --- | --- | --- | --- | --- |
|  |  | * Yes
* No
 |  |  |
|  |  | * Yes
* No
 |  |  |
|  |  | * Yes
* No
 |  |  |
|  |  | * Yes
* No
 |  |  |
|  |  | * Yes
* No
 |  |  |
| \*If the staff member(s) involved with the restraint and/or seclusion are not trained in an approved methodology, explain why not below: |
|  |
| **E. Observers** |
| Staff member(s)/other adult witness(es)*Include name and position:* | Student(s): |
|  |  |
|  |  |
|  |  |
| **F. Parent(s)/Guardian(s) Notification**Following an incident involving the use of restraint or seclusion, the following must be provided to a parent or guardian of the student: * Verbal or electronic notification of the incident by the end of the school day when the incident occurred.
* Written documentation of the incident within 24 hours.
* Written disclosure of the existence of a record (audio, video, or photo) within 24 hours of the incident.
* The parent(s)/guardian(s) of the student must be invited to attend the debriefing meeting. Parent(s)/guardian(s) have the right to request another meeting if they are unable to attend.
 |

**Administering Staff Information**

|  |  |  |
| --- | --- | --- |
| Name of parent(s)/guardian(s) contacted:Phone number: Date and time of contact:* Date:
* Time:
 | Parent notification made by the following staff member(s).*Include name(s) and position(s)*: | Documented attempt(s) to contact parent(s)/guardian(s) if unable to contact verbally. *Describe:* |
| **G. Method of Contact** |
| □ In Person □ Phone □ Written Notice □ Other (Describe): |
| Is there any photo or audio or video record of the incident? □ yes □ no* If so, parent(s)/guardian(s) must receive written disclosure [within 24 hours of the incident] of the existence of any photography or audio or video records, if records exist.
* Teams must review any preserved photographs or audio or video recordings during the required debriefing.
 |
| Date parent(s)/guardian(s) invited to debriefing meeting: | * Parental/guardian attendance is not required but inviting them to the debriefing meeting is required.
* Parent(s)/guardian(s) have the right to request another meeting if they are unable to attend.
* Written notes must be taken for the debriefing meeting.
* A copy of the written notes must be provided to the parent(s)/guardians(s) of the student.
 |
| This report has been prepared by (name and position):  | Contact information:  |

###

Sample Form: Required Debriefing Meeting

Within two school days of the use of restraint and/or seclusion, a documented debriefing by appropriate staff must occur, including staff involved in the incident. *See* OAR 581-021-0556. The purpose of the debriefing is to take necessary actions in ensuring proper provisions of individualized behavioral supports to minimize the chances that such an incident will reoccur. If there are any preserved photographs or audio or video recordings of the incident, teams are required to review these records during the debriefing meeting.

If a student is involved in five incidents in a school year involving restraint and/or seclusion, a team consisting of personnel of the public education program and a parent or guardian of the student must be formed for the purposes of reviewing and revising the student's behavior plan and ensuring the provision of any necessary behavioral supports.

|  |
| --- |
| **A. Student Information** |
| Student Name: | SSID Number: | Date of Birth: | Check all that apply:* IFSP
* IEP
* 504 Plan
* BIP
 | Grade: |
| **B. School Information** |
| School: | Address: | District: |
| Date of Debriefing: | Time of Debriefing: | Location of Debriefing: |
| Are there photographs or audio or video recordings of the incident? □ yes □ noTeams must review any preserved records during this required debriefing meeting.  |
| Number of incidents this school year: | Including the current incident in this report, if a student is involved in five incidents in a school year involving restraint or seclusion, a team consisting of personnel of the public education program and a parent or guardian of the student must be formed for the purposes of reviewing and revising the student's behavior plan and ensuring the provision of any necessary behavioral supports. |
| **C. Debriefing Notes** |
|  |
| **D. Further Action(s) to be Taken** |
|  |
| **E. Meeting Attendants** |
| Name: | Position: | Signature: |
| Name: | Position: | Signature: |
| Name: | Position: | Signature: |
| Name: | Position: | Signature: |
| Name: | Position: | Signature: |
| Name: | Position: | Signature: |
| **F. This report has been prepared by:** |
| Name: | Position: | Address: | Phone Number: |

Sample Form: Continuous Monitoring Form

State law requires continuous monitoring by personnel of the public education program for the duration of the restraint and/or seclusion.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: | SSID Number: | Date of Birth: | * IEP
* 504 Plan
* BIP
 |
| School Name: | Incident Type:* R: Restraint
* S: Seclusion
 | Date and Time of Incident: | Location of Incident: |
| Write the actual time under the five-minute increments listed in the left column. Attach completed form to the Incident Report. |
| Time | Incident | Continuous Monitoring Details (A description of the activities and behaviors that prompted the continuous use of restraint or seclusion.) | Staff Initials |
| Start | * R
* S
 |  |  |
| 5m | * R
* S
 |  |  |
| 10m | * R
* S
 |  |  |
| 15m | * R
* S
 | □ Alert administrator or designee |  |
| 20m | * R
* S
 |  |  |
| 25m | * R
* S
 |  |  |
| \*30m | * R
* S
 | * Administrator approval and justification required to continue restraint or seclusion.
* Opportunity for the student to access bathroom and water.
* Parent Notification:
	+ Who made contact:
	+ Method of contact:
 |  |
| \*At the thirty-minute mark and every fifteen-minutes thereafter, the following must happen:* Administrator or designee signature is required to continue.
* Parent(s)/Guardian(s) must be contacted immediately.
* Administrative Approval for Continued Use of Restraint or Seclusion form

must be completed. |
| Time | Incident | Continuous Monitoring Details (What is the student doing?) | Staff Initials |
| 35m | * R
* S
 |  |  |
| 40m | * R
* S
 |  |  |
| \*45m | * R
* S
 | □ Administrator approval and documentation for the reason the restraint or seclusion must be continued. |  |
| 50m | * R
* S
 |  |  |
| 55m | * R
* S
 |  |  |
| \*60m | * R
* S
 | □ Student given opportunity to access bathroom and water. |  |
| 65m | * R
* S
 |  |  |
| 70m | * R
* S
 |  |  |
| \*75m | * R
* S
 | □ Administrator approval and documentation for the reason the restraint or seclusion must be continued. |  |

Sample Form: Administrative Approval for Continued Use of Restraint or Seclusion

Every fifteen minutes after the first thirty minutes of restraint or seclusion, an administrator of the public education program must provide written authorization for the continuation of the restraint or the seclusion. This includes providing documentation for the reason the restraint or seclusion must be continued. *See* OAR (Oregon Administrative Rule) 581-021-0553.

|  |  |
| --- | --- |
| Administrator Name (Please Print):  | Time:  |
| Reason for continued use of: (Circle One) Restraint Seclusion |
| Administrator Signature:  | Expiration Time of Approval (15 Minutes): |

|  |  |
| --- | --- |
| Administrator Name (Please Print):  | Time:  |
| Reason for continued use of: (Circle One) Restraint Seclusion |
| Administrator Signature:  | Expiration Time of Approval (15 Minutes) |