



## Use of Physical Restraint or Seclusion Incident Documentation

**Check one:**    **Physical Restraint**    **Seclusion** (Burke, Key, and Kilmer Centers only)

Student Name	DOB	Gender	Grade	Ethnicity	Student ID
School	Indicate Status <input type="checkbox"/> General Ed <input type="checkbox"/> IEP <input type="checkbox"/> 504		Primary Disability:	Behavior Intervention Plan (BIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other plan:	
Date of Incident	Begin Time	End Time	Total Duration of Incident minutes      seconds		Location of Incident
Completed by			Position		Date Completed

### Documentation of Each Instance of Physical Restraint or Seclusion

Restraint or Seclusion	Begin Time	End Time	Duration of Incident	
			minutes	seconds
			minutes	seconds
			minutes	seconds
			minutes	seconds
			minutes	seconds

### Staff Members Performing Physical Restraint or Seclusion (fully or partially)

Name	Position	Trained (Yes/No)	Role in physical restraint or seclusion

**1. Identify less restrictive interventions used prior to the use of physical restraint or seclusion (seclusion is only permissible at Burke School, Key Center and Kilmer Center). If none were used, describe why.**

- |  |  |
|--|--|
| <input type="checkbox"/> Verbal or visual redirection<br><input type="checkbox"/> Proximity or body positioning<br><input type="checkbox"/> Increased cues or prompting<br><input type="checkbox"/> Reminder of reward system<br><input type="checkbox"/> Reinforcement of approximate or alternative behaviors<br><input type="checkbox"/> Offered choices<br><input type="checkbox"/> Planned ignoring<br><input type="checkbox"/> Reason less restrictive intervention was not used: _____<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Re-teach<br><input type="checkbox"/> Redirection<br><input type="checkbox"/> Warning<br><input type="checkbox"/> Loss of privilege<br><input type="checkbox"/> Time-out<br><input type="checkbox"/> Diversion or distraction<br><input type="checkbox"/> Ukeru method |
|--|--|

**2. Select the condition that triggered the use of physical restraint or seclusion (seclusion is only permissible at Burke School, Key Center and Kilmer Center) and describe the student's specific behavior within the condition.**

- Prevent a student from inflicting serious physical harm or injury to self or others.
- Quell a disturbance or remove a student from the scene of a disturbance in which such student's behavior or damage to property threatens serious physical harm or injury to persons. (Unless a student's damage to property creates an imminent risk of serious physical harm or injury to the student or others, the damage of property does not itself indicate an imminent risk of serious physical harm or injury and shall not be the justification for the restraint or seclusion of a student.)
- Defend self or others from serious physical harm or injury.
- Obtain possession of controlled substances or paraphernalia which are upon the person of the student or within the student's control.
- Obtain possession of weapons or other dangerous objects that are upon the person of the student or within the student's control.

**Provide a detailed description of the student's behavior:**

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.*



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Student Name	Student ID	DOB
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**3. Provide a detailed description of the incident, including the antecedent, the resolution, and process of return of the student to their educational setting.**

**4. Provide a detailed description of the physical restraint or seclusion method used (seclusion is only permissible at Burke School, Key Center and Kilmer Center).**

**5. Did anyone sustain bodily injury?     Yes     No    (If yes, list date and time of the response personnel notification and treatment, if applicable.)**

**6. Staff Debrief of Incident:**

Completed OR  In Progress

Method of Debrief: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Staff Initials \_\_\_\_\_

**7. Student Debrief (with principal/designee):**

Completed OR  In Progress

Method of Debrief: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Staff Initials \_\_\_\_\_

**8. Student Conference (with trusted school personnel):**

Completed OR  In Progress

Student declined conference

Method of Conference: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Staff Initials \_\_\_\_\_

**9. Notification of Incident:**

School or Program Administrator Notified

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Staff Initials \_\_\_\_\_

Parent(s) or Guardian Notified by School Administrator or Designee

Attempts and method of notification:

Phone     Text     Email     In-person     Other: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Staff Initials \_\_\_\_\_

Copy of Incident Documentation emailed to [Crisis Prevention](#)

\_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

Copy of Incident Documentation sent to Parent(s)/Guardian

\_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

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