

Use of Physical Restraint or Seclusion Incident Documentation

Check one: **Physical Restraint** **Seclusion** *(Use of seclusion is prohibited as of the 2022-23 school year)*

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 (To be considered trained, staff must be currently certified in Professional Crisis Management (PCM) and/or the Mandt System)

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 (*Use of seclusion is prohibited as of the 2022-23 school year*). If none were used, describe why.

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

2. Select the condition that triggered the use of physical restraint or seclusion (*Use of seclusion is prohibited as of the 2022-23 school year*) 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:

A copy of this documentation is required to be maintained in the student's scholastic record, specifically the cumulative file.

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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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 (*Use of seclusion is prohibited as of the 2022-23 school year*).

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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