



Physical restraints may also be used in “an emergency by a school administrator, teacher, school employee, or volunteer as necessary to maintain order or to prevent a student from harming him/herself, other students, and school staff or property in accordance with *OR 581-021-0061(2)*.” *OR 581-021-0062(2)(a)(B)*

C. Incident Description			
Date Incident Occurred: / / <input type="checkbox"/> PHYSICAL RESTRAINT <input type="checkbox"/> SECLUSION Locked Room <div style="text-align: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</div>			
Time restraint began:		Time seclusion began:	
Time restraint ended:		Time seclusion ended:	
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Hall Other: _____			
Behavior(s) directed at: Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____		Behavior(s) the student exhibited prior to incident: <input type="checkbox"/> Yelling/calling out <input type="checkbox"/> Out of seat/wandering <input type="checkbox"/> Cursing <input type="checkbox"/> Shutting down/refusing to complete task <input type="checkbox"/> Throwing objects Other: _____	
What type of aggressive behavior(s) did the student exhibit: <input type="checkbox"/> Hitting <input type="checkbox"/> Kicking <input type="checkbox"/> Spitting <input type="checkbox"/> Biting <input type="checkbox"/> Pushing <input type="checkbox"/> Cutting <input type="checkbox"/> Running <input type="checkbox"/> Choking <input type="checkbox"/> Using objects as weapons Other: _____		Intervention(s)/effort(s) attempted to deescalate student prior to Physical Restraint/Seclusion: <input type="checkbox"/> Offered choices <input type="checkbox"/> Verbal/visual redirection <input type="checkbox"/> Proximity/body positioning <input type="checkbox"/> Reinforcement of approximate behaviors <input type="checkbox"/> Planned ignoring <input type="checkbox"/> Reminder of reward system <input type="checkbox"/> Offered a walk/break Other: _____	
Restraint methodology used: <input type="checkbox"/> Mandt® Other: _____		Mandt® restraint hold(s) used: <input type="checkbox"/> One-Person, Side Body Hug Restraint <input type="checkbox"/> Two-Person, Side Body Hug Restraint <input type="checkbox"/> One-Person, One-Arm Restraint <input type="checkbox"/> One-Person, Two-Arm Standing Restraint <input type="checkbox"/> Two-Person, One-Arm Restraint and Side Body Hug Restraint Other: _____	
Students behavior during restraint:			
Students behavior after restraint:			

D. Staff administering the physical restraint/seclusion				
Name: (Print Name)	Position:	Mandt® Restraint Certified:	Restraint Methodology:	Received training prior to restraint/ seclusion:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mandt® Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mandt® Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mandt® Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mandt® Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mandt® Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Staff observing the incident		
Staff/Student: (Print Name)	Position:	Was there any injury to staff and/or student(s): Staff: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what: _____ Student: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what: _____ _____

F. Parent Notification (parents must be verbally or electronically notified by the end of the day, and written notification must be given within 24 hours. OAR 581-021-0556)			
Name of parent(s)/ guardian(s) contacted:	Time of contact:	Type of notification: <input type="checkbox"/> Verbal <input type="checkbox"/> Electronic <input type="checkbox"/> Written (must be within 24 hours)	Staff member who contacted parent(s)/ guardian(s):
	Date:		

G. Administrator Approval (every 15 minutes after the first 30 minutes of the physical restraint/seclusion, administrator must provide written authorization for continuation including reason why to be continued. OAR 581-021-0553(3)(c))			
Time:	Authorization:	Restraint and/or Seclusion	Reason for Continuation:
		<input type="checkbox"/> R <input type="checkbox"/> S	
		<input type="checkbox"/> R <input type="checkbox"/> S	
		<input type="checkbox"/> R <input type="checkbox"/> S	
		<input type="checkbox"/> R <input type="checkbox"/> S	

A. Debriefing Information		
Date of Debriefing:	Time of Debriefing Meeting:	Location:
Debriefing Notes for Restraint :		Debriefing Notes for Seclusion :

Position:	Signature of those attending the debriefing meeting:
Principal or Administrator:	
Teacher:	
Case Manager:	

This report has been prepared by **(Name / Position)**:
