

**PELHAM SCHOOL DISTRICT PROCEDURE
JKAA-R1 – PHYSICAL RESTRAINT OR SECLUSION
INCIDENT REPORT**

A. Identifying information:

1. Name of School _____
Name of Student _____
Age: _____ Grade level: _____ Gender: M / F
 Restraint
 Seclusion
Date of this report: _____ Time restraint/seclusion began: _____
Time restraint/seclusion ended: _____
Location of restraint/seclusion: _____
Duration of the use of restraint/seclusion¹ _____

2. Staff administering restraints or seclusion:

Name: _____ Title: _____
Trained to administer restraints: Yes / No
Name of training provider/vendor/instructor: _____
Trained to administer seclusion: Yes / No
Name of training/provider/vendor/instructor: _____

3. Staff monitoring restraint/seclusion:

Name: _____ Title: _____
Trained to monitor restraint/seclusion: Yes / No

4. Name and position of the employee completing the notification:

(Name) (Position)

Name of training provider/vendor/instructor: _____

5. Other observers (if any):

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

¹ If longer than 30 minutes, attach copies of the documentation of the face-to-face assessment, as required by RSA 126-U:11, IV.

**PELHAM SCHOOL DISTRICT PROCEDURE
JKAA-R1 – PHYSICAL RESTRAINT OR SECLUSION
INCIDENT REPORT**

6. Administrator who was verbally informed following the restraint or seclusion:

Name: _____ Title: _____
Reported by: _____ Title: _____
Date and Time Notified: _____

7. Parent/Guardian who was informed:

Restraint

Seclusion

Name: _____
Telephone: () _____
Called by: _____
Title: _____
Date and Time Called: _____

B. Specific event information (this entire section must be completed):

1. Description of the actions of the child before, during, and after the occurrence:
2. Description of any other relevant events preceding the use of restraints; or seclusion including the justification for initiating the use of restraint or seclusion:
3. Description of the actions of school employees involved before, during and after the occurrence:
4. Description of any interventions used prior to the use of the restraint or seclusion:
5. Description of the restraint or seclusion used, including any hold used and the reason the hold was necessary:
6. Description of any injuries sustained by, and any medical care administered to, the child, employees, or others before, during, or after the use of restraint:
7. Description of any property damage associated with the occurrence:
8. Description of actions taken to address the emotional needs of the child during and following the restraint or seclusion incident:
9. Further action to be taken: (attach a separate page if necessary.) The school will take the following action (*check as many as apply*).

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JKAA-R1 – PHYSICAL RESTRAINT OR SECLUSION
INCIDENT REPORT**

- Review the incident with the student to address behavior that precipitated the restraint or seclusion.
- Consider whether follow-up is necessary for students who witnessed the incident.
- Contact with parents, responsible school district, other state agency (if applicable) *(describe below)*
- Meet to discuss possible changes/future activities to student's programming to control child's behaviors *(describe)*: _____

- Contact with other professionals or agencies *(describe)*: _____

- If applicable, IEP or Section 504 Case Manager notified: _____

10. Description of physical restraint or seclusion:

Justification for initiating physical restraint *(check all that apply)*:

- Non-physical interventions were not effective
- To protect student from imminent, serious, physical harm
- To protect other student/staff from imminent, serious, physical harm
- To implement necessary restraint in accordance with the student's IEP or other written plan *(describe pertinent provisions of IEP or other plan)*:

11. Parent/Guardian and Guardian Ad Litem Notification (required for all restraints and seclusion):

Parent/Guardian verbally informed of physical restraint or seclusion as documented on page 2 of this report.

This written report of restraint sent to parent/guardian on _____(date) at the following address: _____

Parent/Guardian was offered the opportunity to discuss the administration of physical restraint or seclusion with the teacher/administrator. Results of discussion *(Attach separate page if necessary)*: This report was filed with the following school district official:

(Name) On _____

Signature of person preparing report On _____

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JKAA-R1 – PHYSICAL RESTRAINT OR SECLUSION
INCIDENT REPORT**

cc: Building Principal _____
(Date Received by Building Principal)

Superintendent of Schools _____
(Date Received by Superintendent)

In accordance with RSA 126-U:10: For cases involving serious injury or death to a child subject to restraint in a school, copies to:

- Commissioner of the Department of Education
- State Attorney General
- Disabilities Rights Center

District Policy History:

Adopted: February 11, 2015

Revised: August 4, 2022