



Restrictive Procedure Report Form

To be completed immediately after restrictive procedure

Student's Name: _____

Date of Report: _____

Date of Incident: _____

Name of person filing report: _____

Time Incident Began:		Time Incident Ended:	
Staff observing:		Location:	
Physical Restraint:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seclusion:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized in IEP or BIP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of time used in last 30 days:	

Describe the incident that led to the physical holding or seclusion

What happened before the student exhibited the behavior (setting, adult directive, peers, environment, etc.): _____

What behavior did the student exhibit when the above happened? _____

Describe what least restrictive measure or positive behavior interventions were used before using the restrictive procedure and why they did not work: _____

What behavior prompted the restrictive procedure? _____

Describe the student's physical status DURING the restrictive procedure:	Describe the student's physical status AFTER the restrictive procedure:
Breathing:	Breathing:
Color:	Color:
Alertness:	Alertness:
Other:	Other: