



Emergency Seclusion and Emergency Restraint Documentation Form

☐ Lapeer County Intermediate School District

☐ Consortium for Exceptional Children

☐ North Branch Area Schools

☐ Lapeer Community Schools

☐ Chatfield

District: _____ School Building: _____

Student's Name: _____ Date Behavior Occurred: _____

Does the student have a known medical condition? ☐ YES ☐ NO If "yes" briefly describe: _____

Initial Incident location: _____ Activity: _____

What Happened Before The Behavior Occurred (Antecedents/Triggers)

- ☐ Demand/Academic _____
- ☐ Demand/Other _____
- ☐ Transition from 1 activity to another _____
- ☐ Told "No" _____
- ☐ Other student provoked _____
- ☐ Adult attention given to others _____
- ☐ Positive reinforcement given to others _____
- ☐ Other _____

What Happened (Describe Behavior)

Put an * next to initial behavior

	Frequency		Intensity
	Isolated	Reoccurring	
<input type="checkbox"/> Verbal Release -Yelling/screaming _____			
<input type="checkbox"/> Verbal Refusal _____			
<input type="checkbox"/> Verbal Threats _____			
<input type="checkbox"/> Property Destruction _____			
<input type="checkbox"/> Hitting self (SIB) _____			
<input type="checkbox"/> Hitting others _____			
<input type="checkbox"/> Kicking others _____			
<input type="checkbox"/> Throwing Objects _____			
<input type="checkbox"/> Climbing _____			
<input type="checkbox"/> Other _____			

L= Low
M= Medium
H= High

What Happened After (Consequence)

- ☐ Separated from others _____
- ☐ Cool Down Period _____
- ☐ Cool Down Activity _____
- ☐ Returned to Schedule _____
- ☐ Sent home _____
- ☐ Other _____
- ☐ Other _____

Duration

How long did the behavior last before intervention
(intervention of seclusion and/or restraint)

STUDENT POSED AN IMMINENT RISK TO THE SAFETY OF THEMSELVES OR OTHERS: ☐ YES ☐ NO

Explain how: _____

PRIOR INTERVENTIONS - Strategies used prior to the use of emergency seclusion and/or emergency restraint (in an attempt to stop the behavior):

Supportive: ☐ Distracted & Redirected ☐ Gave Choices ☐ Offered Break ☐ Reduced Demand/Task ☐ Removed Demand/Task

Limit Setting: ☐ Interrupt & Redirect ☐ Verbal limits (first, then) ☐ Visual limits (visual expectation) ☐ Weighted Choice (two positives)

Limits were clear: ☐ Yes ☐ No Limits were enforceable: ☐ Yes ☐ No Limits were reasonable: ☐ Yes ☐ No Limits were effective: ☐ Yes ☐ No

How long were the prevention strategies/intervention attempted prior to seclusion or restraint: _____

Physical Behavior Exhibited - **Self-Abusive:** Student engaged in behavior causing self-harm: ☐ Yes ☐ No

If yes, describe self-harming behavior: _____

Physically acting-out toward others (non-staff):

- ☐ Strike (e.g., punch, slap, kick, use of weapon) _____
- ☐ Grab (e.g., wrist grab, choke, hair pull, bite) _____

Physically acting-out toward others (staff):

- ☐ Strike (e.g., punch, slap, kick, use of weapon) _____
- ☐ Grab (e.g., wrist grab, choke, hair pull, bite) _____

Staff Response/Intervention:

- ☐ Target was moved _____
- ☐ Strike was blocked _____
- ☐ Student/audience was moved to a safer location _____
- ☐ Disengagement skills utilized (e.g., wrist grab, choke, hair pull, bite) _____

INTERVENTIONS

EMERGENCY RESTRAINT – Was CPI’s Nonviolent Physical Crisis Intervention used? ☐ YES ☐ NO

Start Time: _____ End Time: _____ Length of time restraint was used: _____ Location: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> CPI Interim Control Position | <input type="checkbox"/> CPI Standing Holding Skills | <input type="checkbox"/> Assistance secured from police/security |
| <input type="checkbox"/> CPI Team Control Position | <input type="checkbox"/> CPI Seated Holding Skills | <input type="checkbox"/> Nurse or Specialist |
| <input type="checkbox"/> CPI Children’s Control Position | <input type="checkbox"/> CPI Transport Position | <input type="checkbox"/> Additional Key Identified Personnel were called |

Staff Involved (mark an asterisk * next to “Key Identified Personnel”): _____

Personnel who initiated the use of seclusion and/or restraint: _____

EMERGENCY SECLUSION – Was Seclusion Used?: ☐ Yes ☐ No **Enter Time:** _____ **Exit Time:** _____ **Length of time seclusion was used:** _____

*Time and Duration – **EMERGENCY SECLUSION** should not be used **any longer than necessary** to allow a student to regain control of his/her behavior, but generally: Elementary school students – **no longer than 15 minutes**; Middle and High school students – **no longer than 20 minutes**. **EMERGENCY RESTRAINT** – should not last any longer than necessary to allow the pupil to regain control of his or her behavior, but generally: **no longer than 10 minutes**. **If an emergency seclusion or restraint lasts longer than the suggested maximum time**, the following are required: **Additional support** (e.g., change of staff, introducing a nurse or specialist, additional key identified personnel); **Documentation** to explain the extension beyond the time limit.*

***RESTRAINT OR SECLUSION - Was extended time utilized during emergency intervention?**

☐ Yes ☐ No

If yes, what was the time frame: _____

Explain the extension beyond the time limit and additional support utilized: _____

For Seclusion and/or Restraint, describe the student response to the intervention: _____

☐ Behavior Increased ☐ Behavior Decreased ☐ Decrease in Physical Energy ☐ Decrease in Emotional Energy ☐ Tension Reduction

Were any injuries sustained during intervention: ☐ Yes ☐ No

If “Yes,” identify who was injured and briefly describe the injury: _____

Describe the follow-up with the student after seclusion and/or restraint: _____

☐ Oriented student to the basic facts ☐ Negotiated future approaches ☐ Gave control, support, encouragement ☐ Therapeutic Rapport to debrief

When _____ **Where** _____ **did the follow up occur?**

PARENT/GUARDIAN CONTACT

Parent Notified: YES NO	Parent Given Written Report: YES NO	Administrator Notified: YES NO
<i>By Whom:</i> _____ <i>Date:</i> _____	<i>By Whom:</i> _____ <i>Date:</i> _____	<i>By Whom:</i> _____ <i>Date:</i> _____

MDE’s Seclusion and Restraint Debriefing Form Completed ☐ MDE REQUIRED **Date:** _____

Is A Behavior Plan Review/Revision Needed: ☐ YES ☐ NO **Date/Time:** _____

Is an Emergency Intervention Plan Review/Revision Needed: ☐ YES ☐ NO **Date/Time:** _____

Staff Completing this form: _____ **/ Title** _____ **Date completing form:** _____

Administrator Signature: _____