**Directions: *Use this form to document your involvement in a restrictive procedure. Only document what you were witness to and the IEP manager or administrator will summarize for a final report.***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time** *(when you got involved)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duration of intervention***(amount of time you were involved)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location?** *(circle one):*classroom hallway cafeteria gym outside

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | What were the events leading up to the restrictive procedure? *(check all that apply)* |   | \*I was not there before the restraint |
|  | \*student was given verbal direction  |
|  | \*student or staff unable to understand communication  |
|  | \*student redirected from desired activity  |
|  | \*transition from one activity to another |
|  | \*loud environment |
|  | \*Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  | \*Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 2. | What actions were taken by staff to avoid the restrictive procedure? *(check all that apply)* |   | \*I was not there before the restraint |
|  | \*physical redirection  |
|  | \*space given to the student |
|  | \*verbal prompt  |
|  | \*visual prompt |
|  | \*use of a timer |
|  | \*ignore the behavior |
|  | \*student separated from the activity  |
|  | \*Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 3. | Who else (staff) was involved in the restrictive procedure? |  |
| 4. | What were the specific reasons for the restrictive procedure? *(check all that apply)* |  | \*I was not there at the start of the restraint |
|  | \*Spitting |  | \*Hitting |
|  | \*Throwing objects  |  | \*Biting |
|  | \*Kicking |  | \*Other \_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | The role you played in this restrictive procedure*(circle one)*:  | \*spotter \*engaged in restraint \*both |
| 6. | What were some of the physical signs of distress the student while in restraint? *(check all that apply)* |  | \*Labored breathing |  | \*Sweating  |
|  | \*Red marks |  | \*Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \*Bruises  |  | \*Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \*Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \*Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

7. Please use the rest of the space for writing a short summary of the incident from the time you were

 involved until the time you left the incident.