

INCIDENT REPORTING ON THE USE OF A RESTRAINT
(Please send the completed form via e-mail to RA-ocdintervention@pa.gov **AND**
in the subject line write "Restraint")

EI Preschool Name _____

Date of the restraint _____

Child's Secure PA ID # _____ Child's MCI# _____

DOB _____

Primary Disability (*Circle the primary disability*) Developmental Delay

Hearing Impairment Speech/Language Impairment Visual Impairment

Emotional Disturbance Orthopedic Impairment Autism Brain Injury

Multiple Disabilities

Was the use of restraints written into the child's IEP initially? Yes No

Name(s) of staff person(s) and staff title(s) involved in the restraint

Staff Person

Staff Title

_____	_____
_____	_____
_____	_____

Are the persons who performed the restraint trained in safety net procedures and safe physical restraint techniques? Yes No Last trained (year)? _____

What events precipitated the restraint? _____

Were Safety Net Procedures used prior to performing the restraint? Yes No

Describe:

Type of Restraint (*Circle all that apply*)

A. Standing (explain hold) _____

B. Seated (explain hold) _____

C. Supine (explain hold)_____

D. Transport (explain hold)_____

E. Other (explain hold)_____

Duration of Restraint (*in minutes*)_____

Location of the restraint (playground, classroom, etc.)_____

Did injury occur to the child, staff, or bystanders during the restraint? Yes No

If yes, please explain_____

Was the parent/guardian contacted? Yes No Date of contact:_____

(Date of parent/guardian contact should be no more than 1 program date after the restraint)

Name of parent/guardian contacted_____

Who contacted the parent(s)/guardian? Paraprofessional Professional Supervisor

Did an IEP meeting convene? Yes *Waived

**(If the IEP meeting is waived, there must be a prior written notice of the IEP meeting and the parent's/guardian's written consent to waive the meeting attached to the meeting notice)*

Did the parent(s)/guardian attend the IEP meeting? Yes No

Date of IEP Meeting? _____ *(Must occur no more than 10 program days from the date of the restraint)*

IEP Meeting Results (Check all that apply) Functional Behavior Assessment____,

Functional Behavior Assessment Reevaluation____, New Positive Behavior Support

Plan____, Revised Positive Behavior Support Plan, Change of Educational Placement_____.

What strategies were discussed that will help avoid future restraints?_____

Date the final report was sent to the: RA-ocdintervention@pa.gov

_____ *(Not more than 5 program days following the IEP meeting)*

Printed name and signature of person that completed the final report:
