

**Department of Education Reporting Form**

Date of Report: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of School/SAU: \_\_\_\_\_

Name/Position of Person Completing Report: \_\_\_\_\_  
Name Position Title

**CHILD'S EDUCATIONAL PLAN/PROGRAMS**

- IEP       504 Plan: Behavior (Please describe: \_\_\_\_\_)
- 504 Plan: Other (Please describe: \_\_\_\_\_)
- None

**\*\*If the child has an IEP or 504 Plan, it is recommended that the IEP Team or 504 Coordinator convene to review the student's IEP or 504 Plan and make any necessary changes to reduce or eliminate any future restraints and/or seclusions. If the child is in a chartered public school, then for purposes of the IEP, the charter school should provide a copy of this report of the restraint/seclusion with the LEA.**

**INCIDENT OF RESTRAINT/SECLUSION**

Date of Incident: \_\_\_\_\_

Time Incident Began: \_\_\_\_\_ Time Incident Ended: \_\_\_\_\_

Location Incident Began: \_\_\_\_\_

Location Incident Ended: \_\_\_\_\_

**OCCURRENCE(S) OF RESTRAINT/SECLUSION DURING INCIDENT**

**PHYSICAL RESTRAINT**

# of Occurrence	Duration	Location	Type of Hold Used for Restraint
1	Staff involved: _____		
	Staff Involved: _____		
2	Staff Involved: _____		
	Staff Involved: _____		
3	Staff Involved: _____		
	Staff Involved: _____		

4			
	Staff Involved:		
5			
	Staff Involved:		
6			
	Staff Involved:		
7			
	Staff Involved:		
8			
	Staff Involved:		
9			
	Staff Involved:		
10			
	Staff Involved:		

*\*If more than ten (10) occurrences, please use an additional form.*

**TOTAL NUMBER OF OCCURRENCE(S) OF PHYSICAL RESTRAINT:** \_\_\_\_\_

**Questions Pertaining to the Use of Physical Restraint:**

1. Were all staff involved trained in the use of physical restraint?

Yes       No

2. If no, please identify which staff were NOT trained and why:

## SECLUSION

# of Occurrence	Duration	Location
<b>1</b>		
	<b>Staff Involved:</b>	
<b>2</b>		
	<b>Staff Involved:</b>	
<b>3</b>		
	<b>Staff Involved:</b>	
<b>4</b>		
	<b>Staff Involved:</b>	
<b>5</b>		
	<b>Staff Involved:</b>	

***TOTAL NUMBER OF OCCURRENCE(S) OF SECLUSION:*** \_\_\_\_\_

**Questions Pertaining to the Use of Seclusion:**

1. Identify the co-regulator who was used: \_\_\_\_\_
  - \*The co-regulator shall be selected and designated in the following order of presence:
    - a. A trusted adult selected by the child;
    - b. A clinician or counselor training in trauma-informed practices;
    - c. A staff member known to have a positive relationship with the child;
    - d. A staff member who was not involved in the incident leading to seclusion.
  
2. Please provide a brief narrative of the role the co-regulator played:

**REASON FOR INCIDENT OF RESTRAINT/SECLUSION**

Please provide a narrative for the relevant events **preceding** the use of restraint or seclusion:

**Relevant events prior to the incident of restraint or seclusion:**

<b>What led to the incident? Check all that apply (at least one)</b>			
Student trying to obtain/get:		Student trying to escape/avoid:	
<input type="checkbox"/>	Peer attention	<input type="checkbox"/>	Difficult or boring task
<input type="checkbox"/>	Adult attention	<input type="checkbox"/>	Non-preferred activity
<input type="checkbox"/>	Desired activity	<input type="checkbox"/>	Peer
<input type="checkbox"/>	Desired object/items	<input type="checkbox"/>	Staff
<input type="checkbox"/>	Sensory stimulation: auditory, tactile, etc.	<input type="checkbox"/>	Consequence
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**INTERVENTION/DE-ESCALATION TECHNIQUES**

Please provide a narrative of the interventions/de-escalation techniques used prior to the incident of restraint or seclusion:

<b>Interventions used prior to and during the restraint – check all that apply</b>			
<input type="checkbox"/>	Tried to establish rapport with student	<input type="checkbox"/>	Lowered sensory stimulation/gave student space
<input type="checkbox"/>	Tried to have student use a coping skill	<input type="checkbox"/>	Offered student alternatives
<input type="checkbox"/>	Clarified expectations	<input type="checkbox"/>	Presented student with a weighted choice
<input type="checkbox"/>	Prompted self-reflection	<input type="checkbox"/>	Tried change of face (i.e., different staff)
<input type="checkbox"/>	Asked student what could be helpful	<input type="checkbox"/>	Changed the environment around the student
<input type="checkbox"/>	Reminded student of opportunities available later	<input type="checkbox"/>	Tried a reset or directed to take a break (time out)
<input type="checkbox"/>	Reminded student of past successes	<input type="checkbox"/>	Tried a touch prompt to get student to leave area
<input type="checkbox"/>	Directed the student to stop/change behavior(s)	<input type="checkbox"/>	Other: _____

## REASONING/JUSTIFICATION

Please provide a narrative of the reason/justification for using restraint or seclusion, and if a hold was used, the reason the hold was necessary:

**Reason/Justification for using restraint or seclusion, and if a hold was used, the reason the hold was necessary:**

- Student was physically aggressive towards a peer(s), creating an immediate risk of serious bodily injury.
- Student was physically aggressive towards a staff(s), creating an immediate risk of serious bodily injury.
- Student was engaged in property destruction that if allowed to continue would create an immediate risk of serious bodily injury to self and/or others.
- Student was dysregulated and continuing to escalate. Due to the student's history and previous incidents, staff made the decision that if allowed to continue escalating without seclusion/restraint there would be an immediate risk of serious bodily injury to self and/or others.
- Student attempted to run/ran out of staff supervision. Due to student's escalated state, lack of seclusion/restraint would have created a serious risk for immediate bodily injury to the student.
- Student was engaged in self-injurious behavior which would create an immediate risk of serious bodily injury to self if allowed to continue.
- Other: \_\_\_\_\_

## INJURY TO CHILD

**1. Did the child have any visible/known injuries prior to the restraint or seclusion?**

Yes  No

a. If yes, what were the preexisting injuries?

b. Was medical treatment provided to the child?

Yes  No

c. If yes, what type of medical care was provided?

**2. Was the child injured during the restraint or seclusion?**

Yes  No

a. If yes, what type of injury occurred?

b. Was medical treatment provided to the child?

Yes  No

c. If yes, what type of medical care was provided?

**3. Did the child develop any injuries after the restraint or seclusion?**

Yes  No

a. If yes, what type of injury occurred?

b. Was medical treatment provided to the child?

Yes  No

c. If yes, what type of medical care was provided?

## INJURY TO STAFF MEMBERS

**1. Did any involved staff members have any visible/known injuries prior to the restraint or seclusion?** Yes No

- a. If yes, what were the preexisting injuries?
- b. Was medical treatment provided to the staff member?

 Yes No

- c. If yes, what type of medical care was provided?

**2. Was any staff member injured during the restraint or seclusion?** Yes No

- a. If yes, what type of injury occurred?
- b. Was medical treatment provided to the staff member?

 Yes No

- c. If yes, what type of medical care was provided?

**3. Did any involved staff members develop any injuries after the restraint or seclusion?** Yes No

- a. If yes, what type of injury occurred?
- b. Was medical treatment provided to the staff member?

 Yes No

- c. If yes, what type of medical care was provided?



## INJURY TO OTHERS

**1. Did any other person have any visible/known injuries prior to the restraint or seclusion?** Yes No

- a. If yes, what were the preexisting injuries?
- b. Was medical treatment provided to the other person?

 Yes No

- c. If yes, what type of medical care was provided?

**2. Was any other person injured during the restraint or seclusion?** Yes No

- a. If yes, what were the preexisting injuries?
- b. Was medical treatment provided to the other person?

 Yes No

- c. If yes, what type of medical care was provided?

**3. Did the other person develop any injuries after the restraint or seclusion?** Yes No

- a. If yes, what were the preexisting injuries?
- b. Was medical treatment provided to the other person?

 Yes No

- c. If yes, what type of medical care was provided?

**PROPERTY DAMAGE**

Did any property damage occur as a result of the incident of restraint/seclusion?

Yes       No

If yes, describe the property damage:

**NARRATIVE**

Please address the following items in a detailed narrative:

- The child's action before, during, and after the incident of restraint or seclusion;
- The actions of the facility or school employees involved before, during, and after the incident of restraint or seclusion;
- The actions taken to address the emotional needs to the child during and following the incident of restraint or seclusion; and
- The future actions to be taken in an attempt to support the child's needs and address concerning and unsafe behaviors.

*Continue narrative on next page if necessary.*

**NARRATIVE CONTINUED**

**PARENT/GUARDIAN VERBAL NOTIFICATION**

Name of Parent/Guardian of Child: \_\_\_\_\_

How was the parent/guardian verbally notified of the restrictive intervention?

- Telephone     
  Left message     
  In person     
  Unable to notify verbally; notified via email

If unable to notify by phone, explain the steps taken to attempt verbal notification:

Date/Time of parent/guardian notification and all attempts:

ATTEMPT #	DATE	TIME	NAME/POSITION OF STAFF MEMBER MAKING/ATTEMPTING NOTIFICATION
1			
2			
3			
4			
5			

**PRINCIPAL/DESIGNEE OR DIRECTOR/DESIGNEE WRITTEN NOTIFICATION**

**\*\*DUE WITHIN FIVE (5) DAYS OF INCIDENT\*\***

Principal/Director or Designee: \_\_\_\_\_  
Name

Date of WRITTEN notification: \_\_\_\_\_

Time of WRITTEN notification: \_\_\_\_\_

**PARENT/GUARIAN WRITTEN NOTIFICATION**

**\*\*DUE WITHIN TWO (2) DAYS OF PRINCIPAL/DIRECTOR'S RECEIPT OF NOTIFICATION\*\***

Date of written notification to parent: \_\_\_\_\_

Time of written notification to parent: \_\_\_\_\_

**FINALIZATION**

Date/Time report was finalized: \_\_\_\_\_

Name/Position of person completing this written notification:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position Title

**Legal Reference:**

*RSA 126-U:1 to 13 (2014);*

*RSA 627:1, 4, 6.*

*RSA 169-C:29-39, Reporting Law*

*RSA 186-C, Special Education*

*NH Code of Admin. Rules Chapter 1200, Restraint and Seclusion for Children*

*Section 504, 29 USC 701, et. seq., Section 504 of The Rehabilitation Act of 1973*

***Legal References Disclaimer:*** *These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.*

Board Approved:      11/30/2015 [Replaces POPPS JKA-R]  
                                 05/30/2017  
                                 11/28/2022  
                                 03/25/2024