

Student:School: Location: Staff directly involved in restraint (include names and titles; attack if any): Witnesses (include names and titles): Description of events immediately before the behavior occurred:	
if any): Witnesses (include names and titles):	n supplemental statements
Witnesses (include names and titles):	
Description of events immediately before the behavior occurred:	
Alternatives offered prior to Environmental Support restraint	s
Teaching interaction Removed the audience	
Offered choices Offer alternate location	
Verbal de-escalation Remove objects	
Self-control strategies Alternative seating	
Wait time Reduce Noise	
Alternate location	

please mark all that apply and time in each	Low	Medium	High
CPI seated hold			
CPI standing hold			
CPI Child Control	<u> </u>		
CPI Team control			
Other			
Time restraint ended: _ Chronological description	on of incident (ii	nclude behavior, statemer	nts made, actions taken):
Resolution:	ntegrated into cl	assroom/educational prog	ramming
	_		side of instructional setting
Additional suppo	rt requested (m	edical/mental health/pare	nt/police)
Other(s) (please	describe):		
Injuries or property loss	_		
Persons notified of incid	dent (include na	me, title, date and time no	otified):

Name and Signature of Person Writing Report					
Name	Signature				
Name and Signature of Principal/Transportation Supervisor					
Name	Signature				
Checklist	Date	Comments			
If an injury to staff or student has occurred, submit student accident report and/or staff incident report.					
Building principal (or designee) and/or Transportation Supervisor verbally notify parent byend of the school day that the restraint was used.					
Send a google doc of this form to SPED director andcopy CPI trainer (Kelly Miller) for review.					
Review documentation to ensure use of alternativestrategies and recommend adjustments to procedures, if appropriate.					
Report e-mailed, mailed or faxed to parent within 5calendar days of the use of restraint.					
If requested by parents or the school, convene a meeting (that may be an IEP, BSP or 504 meeting) toreview the incident.					

Copies: parent, student's confidential file [required], Director of Special Education, Transportation file [ifapplicable]

End of File: JKA-E1