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-octdintervention@pa.gov
_________________________________  (Not more than 5 program days following the IEP
meeting)

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

(revised 12/2/2013)