

**Colorado Springs School District 11
USE OF RESTRAINT REPORT (JKA-E-2)**

**(To be completed by the employee(s) involved in the restraint and
the principal at the location where the restraint took place)**

Name(s) of student involved: _____ School: _____

Grade: _____ Date and time of incident: _____ Special education student: Y__ N__ 504 student: Y__ N__

Location of incident: _____

Name(s) and job title(s) of person(s) present and involved in administering the restraint: _____

Type of restraint used:

Physical Restraint: _____ Mechanical Restraint: _____ Retreat: _____

Prone Restraint _____

Physical, mechanical, or prone restraint techniques used and retreat procedures followed: _____

Description of situation leading up to restraint being used (including antecedents to the student's behavior, if known) and how the restraint was used: _____

Check one:

Less restrictive alternatives were attempted. (Describe the preventative or alternatives techniques attempted and other efforts made to de-escalate the student): _____

or

A determination was made that less restrictive alternatives would be ineffective or inappropriate under the circumstances. Explain: _____

Duration of Restraint (including frequency or duration of any relief periods): _____

Description of student's behavior following the restraint. _____

Location where the restraint took place:

classroom cafeteria outside office
 hallway restroom other

Description of noise levels at the time the restraint took place:

____high ____medium ____low

Description of student seating arrangements at the time the restraint took place: _____

Any injuries reported: _____

Print name of person completing report

Job Title

Signature of person completing report

Date signed

For Principal's Use

Name of principal notified: _____

Date and time notified: _____

Name(s) of parent(s) notified: _____

Date and time notified orally: _____ Date written report sent: _____

Principal's review of use of restraint:

Staff review of incident (date: _____) Follow up communication with student and family (date: _____)

Describe environment during restraint: _____

Review of documentation (date: _____)

Recommendation for adjustment of procedures: Y___ N___ If "yes," attach written description of action taken.

Signature of person completing report: _____

Date signed: _____

Please provide copies of this completed form to the District's Assistant Superintendent of Personnel Services, the Executive Director of Special Education, and the Director of Risk Related Activities.