



Disability -----

School Building Elementary School

Building Name Washington Elementary School

Program Location School District Program

- All fields in the Restraint Information Section are required, except Date Injury Reported to BSE.

Restraint Information

Antecedent refusing direction

Behavior of Concern kicking and punching staff, head banging and biting self

De-escalation technique utilized before restraint was conducted verbal redirection, opportunity for break, removal of peers, choices

Date When Restraint was Used 9/23/2019

Physical Location of the Incident **Safe Room**

Predominant Type of Restraint Used Seated restraint

Length of Restraint (Minutes - Seconds) 9 - 0

Staff Conducted Restraint (w/ Staff Titles) 2

| Title | Trained? |
|---------------------------|----------|
| Special Education Teacher | Yes |
| Paraprofessional | Yes |

Did an injury to student or staff occur? NO

In order to complete Restraint, Date of Parent Notification and either Date IEP Team Mtg. Held OR Date Waiver Signed are required.

IEP Information

Was Law Enforcement Involved in the **NO**



Session Time Remaining: 18 minutes





| |
|--|
| Disability |
| School Building Elementary School |
| Building Name Washington Elementary School |
| Program Location School District Program |

- All fields in the Restraint Information Section are required, except Date Injury Reported to BSE.

| | |
|---|---|
| Restraint Information | |
| Antecedent transition | |
| Behavior of Concern | kicking and punching staff, throwing items, cursing, eloping |
| De-escalation technique utilized before restraint was conducted | verbal redirection, choices, opportunity for break, removal of peers, reduced demands |
| Date When Restraint was Used | 9/24/2019 |
| Physical Location of the Incident | Safe Room |
| Predominant Type of Restraint Used | Seated restraint |
| Length of Restraint (Minutes - Seconds) | 6 - 0 |
| # Staff Conducted Restraint (w/ Staff Titles) | 1 |
| Title | Trained? |
| Special Education Teacher | Yes |
| Did an injury to student or staff occur? | NO |

In order to complete Restraint, Date of Parent Notification and either Date IEP Team Mtg. Held OR Date Waiver Signed are required.

| | |
|--|--------------------------------|
| IEP Information | |
| Was Law Enforcement Involved in the restraint? | NO |
| Date of Parent | Out of Compliance is no longer |



Session Time Remaining: 18 minutes





Student Information

PA Secure ID 8828706139
Grade 3rd
Age 8
Student's Emotional Disturbance Disability
School Building Elementary School
Building Name Washington Elementary School
Program Location School District Program

- All fields in the Restraint Information Section are required, except Date Injury Reported to BSE.

Restraint Information

Antecedent transition
Behavior of Concern defacing and breaking property, punching and headbutting computer keyboards, head banging on hard surfaces, kicking walls, punching/kicking/stomping on staff
De-escalation technique utilized before restraint was conducted reduced demands, preferred activities, verbal redirection, removal of peers
Date When Restraint was Used 10/1/2019
Physical Location of the Incident Safe Room
Predominant Type of Restraint Used Seated restraint
Length of Restraint (Minutes - Seconds) 13 - 0
Staff Conducted Restraint (w/ Staff Titles) 2

Table with 2 columns: Title, Trained?. Rows include Special Education Teacher (Yes) and Counselor (Yes).

Did an injury to student or staff occur? NO



Session Time Remaining: 18 minutes

