



Lockport Area Special Education Cooperative

Hassan von Schlegell, Ph.D., Executive Director

Larry Spencer, Program Administrator

Kimberly McDonald, Program Administrator

Sue Stein, Program Administrator

Susan Jawor, Program Administrator

Karen Bogdan, Program Administrator

1343 East 7th Street, Lockport, IL 60441, (815) 838-8080

Physical Restraint Parent Notification Form

Name of Student:

Date of Incident:

Program Student Attends:

District:

School Personnel Involved:

Brief Description of the Event including reason for hold:

Resolution to the Event:

Next Steps:

Contact Person:

Administrator:

School: Program:

Phone:

Notification to parent/guardian within 24 hours of physical restraint and phone call same day. This form, the ISBE Physical Restraint Form and the Behavioral Log sent to the parent/guardian.

CC: Student temporary record, designated district official



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Team Emergency Behavioral Intervention Report

Name of Student:

Date/Time of Each Incident Discussed:

Program Student Attends:

District:

School Personnel Involved:

Team Meeting Date Discussed:

Review Parent Notification, Log, Student Evaluation, BIP in completing this document

1. A. In reviewing the incident(s), indicate the antecedents to the problematic behavior:

B. If there were more than one incident, indicate the location of the incidents:
2. Describe the response to the emergency intervention of restraint:
3. Describe possible injuries for staff or students.
4. In reviewing the incident(s), the team has identified the following ways to reduce possible incidents resulting in physical restraints (please include the possibility of a recent FBA/BIP, if appropriate):

Teacher:

Therapist(s):

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Student Evaluation During Physical Restraint

Name of Student:

Date of Incident:

Time:

Program Student Attends:

District:

School Personnel Involved:

This form is to be completed by a certified/licensed staff member knowledgeable about the use of physical restraints upon the following occurrences:

- A physical restraint 15 minutes or more
- Repeated physical restraints occurring in the same day

Start time of physical Restraint:

End Time:

Is it still appropriate to continue to use the current intervention?

Y

N

Why?

Check to see if the student needs any of the following:

- Medication (time checked, if applicable)
- Nourishment (time checked and provided)
- Use of Restroom (time checked and provided)
- Other Strategies Utilized:

If yes, please provide summary and course of action

Specify the course of action as a result of this evaluation:

Contact Person:

Administrator Contacted:

School: Program:

Phone:

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