



Emergency Safety Interventions Restraint Reporting

Instructions: 1) Fill out a form for EVERY incident a student is restrained.
2) "Share" form with your admin to [log in Powerschool](#).

*Student must be in imminent danger to themselves or others to restrain. [District ESI Policy Link](#)

Student Name:		Grade:	
School:		Teacher:	
Has a BIP in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No	BIP Followed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		Has an:	<input type="checkbox"/> IEP <input type="checkbox"/> 504
Date of Restraint:	If on an IEP- Case Manager: Classification:		
Staff Members Present:			
Location of incident:		Duration Overall:	
Time of day:		Time in restraint:	
Antecedent:			
Behavior:			
Consequence:			
List any Injuries:			<input type="checkbox"/> Medical needed?
ESI Used	<input type="checkbox"/> Physical <input type="checkbox"/> Seclusion <input type="checkbox"/> Mechanical	Describe Imminent danger:	
Parent contacted	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In person		