

## East Central BOCES Student Restraint Incident Report Form

Student: \_\_\_\_\_ School/Program: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Staff directly involved in restraint (include names and titles; attach supplemental statements, if any):

\_\_\_\_\_  
\_\_\_\_\_

Witnesses (include names and titles):

\_\_\_\_\_  
\_\_\_\_\_

Description of events immediately before the behavior occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Efforts/alternatives made prior to the use of restraint:

\_\_\_\_\_ Teaching interaction  
\_\_\_\_\_ Distractions  
\_\_\_\_\_ Sensory/environmental  
\_\_\_\_\_ Offered choices  
\_\_\_\_\_ Offered self-control strategy  
\_\_\_\_\_ Verbal de-escalation  
\_\_\_\_\_ Other(s) (please describe): \_\_\_\_\_  
\_\_\_\_\_

Type of restraint used:

\_\_\_\_\_  
\_\_\_\_\_

Child Control    Team Control    Seclusion    Seated Hold- L M H  
 Standing Hold- L M H

Time restraint began: \_\_\_\_\_

Time restraint ended: \_\_\_\_\_

Chronological description of incident (include behavior, statements made, actions taken):

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Resolution:

\_\_\_\_\_ Student calm/reintegrated into classroom/educational programming

\_\_\_\_\_ Student calm/additional time provided for de-escalation outside of instructional setting

\_\_\_\_\_ Additional support requested (medical/mental health/parent/police)

\_\_\_\_\_ Other(s) (please describe): \_\_\_\_\_

Injuries or property loss/damage:

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Persons notified of incident (include name, title, date and time notified):

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Principal or designee notified in writing, same school day immediately, no later than the end of the day.

EC BOCES Executive Director Notified in writing, same school day immediately not later than the end of the day.

\_\_\_\_\_  
Name and title of the person writing report

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Principal or Designee reviewing

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

| Checklist  | Date | Comments |
|--|------|----------|
| If an injury to staff or student has occurred, submit student accident report and/or staff incident report.  |      |          |
| Building principal or other BOCES administrator verbally notify parent by end of the school day that the restraint was used.   |      |          |
| Conduct internal review of incident of restraint.  |      |          |
| Review documentation to ensure use of alternative strategies and recommend adjustments to procedures, if appropriate.  |      |          |
| If restraint was between one and five minutes, written notice given to parents on the day of the restraint.  |      |          |
| If restraint was five minutes or more, verbal notice given to parent on the day of restraint, and written report e-mailed, mailed or faxed to parent within 5 calendar days of the use of restraint. |      |          |
| If requested by parents or BOCES staff, convene a meeting (that may be an IEP, BIP or 504 meeting) to review the incident.   |      |          |

Copies: parent, student’s confidential file *[required]*

**EAST CENTRAL BOCES  
BOARD POLICY**  
Adopted: June 28, 2023

**[Revised April 2023]**  
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