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Rule 4500: Restraint/Seclusion Documentation Report

Incident Report Notification Type

- Staff Report to Administrator:** Any person who imposes a restraint or seclusion shall report its use to the school administrator as soon as possible, but in no event later than the end of the school day of its use.
- Administrator Report to Superintendent:** Reports to the Superintendent shall be made within three school days of the incident whenever:
- There is death, injury or hospitalization to staff or student as a result of a restraint or seclusion; or
 - An individual employee or contracted service provider has engaged in the use of physical restraint or seclusion three (3) separate times on one (1) or more students; or
 - Physical restraint has been used for more than fifteen (15) minutes; or
 - Any student has been restrained or secluded three (3) or more times per school year; or
 - A student has been restrained or secluded more than once in a school day; or
 - A student is restrained or secluded who is not on a behavioral intervention plan; or
 - Restraint or seclusion has been used in violation of these rules, including the use of any prohibited form of restraint. Learning environments other than public schools shall fulfill this reporting requirement by reporting to the Superintendent of the Supervisory Union that is the LEA or sending district for the student. If there is no sending district or LEA, this requirement shall be fulfilled by reporting to the Secretary of the Agency of Education.
- Superintendent Report to AOE Secretary:** The Superintendent of the supervisory union/district shall report the use of restraint or seclusion to the Secretary of the Agency of Education within three (3) school days of incident whenever:
- There is death, injury requiring outside medical treatment or hospitalization to staff or student as a result of a restraint or seclusion; or
 - Physical restraint or seclusion has been used for more than thirty (30) minutes; or
 - Physical restraint or seclusion has been used in violation of these rules, including the use of any prohibited restraint or seclusion.

Definitions

Physical Restraint means the use of physical force to prevent an imminent and substantial risk of bodily harm to the student or others. Physical restraint does not include:

- Momentary periods of physical restriction by direct person-to-person contact, accomplished with limited force and designed either to prevent a student from completing an act that would result in potential physical harm to himself/herself or another person; or to remove a disruptive student who is unwilling to leave the area voluntarily;
- The minimum contact necessary to physically escort a student from one place to another;
- Hand-over-hand assistance with feeding or task completion; or Techniques prescribed by a qualified medical professional for reason of safety or for therapeutic or medical treatment.

Seclusion means the confinement of a student alone in a room or area from which the student is prevented or reasonably believes he or she will be prevented from leaving. Seclusion does not include time-out where a student is not left alone and is under adult supervision.

Student Name:	Age:	Gender:	Grade:	Check if applicable: <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> BIP <input type="checkbox"/> ESP <input type="checkbox"/> Other explain:
School Name:				
Restraint/Seclusion Incident Description:				
Date Incident Occurred (MM/DD/YYYY):	Time restraint/seclusion began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Time restraint/seclusion ended: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Precipitating Event:				
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other:				
Reason for Restraint/Seclusion:				
Type of Restraint/Seclusion* Used: <input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Floor prone <input type="checkbox"/> Floor supine <input type="checkbox"/> Other:				
*For seclusion, describe setting:				
Description of efforts made to deescalate and alternatives to physical restraint/seclusion that were attempted:				
List of school personnel who administered/monitored the seclusion or restraint:				
Name	Position/Title	Trained to use Restraint?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was there a death or injury requiring outside medical treatment or hospitalization to staff or student as a result of the restraint or seclusion? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:				
Date notification was provided to student's parents/guardians (MM/DD/YYYY):				