



Rule 4500: Mandated Restraint/Seclusion Documentation Report (School Year 2024-2025)

Purpose

[Vermont Board of Education Rule 4500](#) requires that any person who imposes a restraint or seclusion on a student shall report its use to the school administrator as soon as possible. If the incident meets additional criteria outlined in the Rule, the school administrator must report it to the Superintendent. If the incident meets any of the **three criteria outlined below**, the Superintendent must report it to the Vermont Agency of Education (AOE). This digital form must be used by Superintendents reporting an incident to the AOE.

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 their receipt of the report 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.

If you have questions or issues about completing this report, please contact Meghan “MJ” Jaid at meghan.jaird@vermont.gov.

Please check all that apply on which of the following criteria is the reason for submitting this report to the AOE?

- 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.

Date incident occurred (MM/DD/YYYY)

Briefly describe the violation.

Name of person submitting this form:

Role:

Email

Name of Supervisory Union/Supervisory District

Name of Superintendent

Email

Name of school where the incident occurred:

Name of Principal/Head of School

Email

Additional name of person to receive this report (optional)

Email

Student Name:

Age:

Grade:

Gender:

Race:

Ethnicity:

Does the student have any of the following plans in place? Check all that apply.

- Individualized Education Program (IEP)
- Section 504 Plan
- Behavior Intervention Plan (BIP)
- Other type of support plan
- None of the above

Please explain what is the other type of support plan, if applicable.

Training Program Information Restraint and Seclusion Definitions (VT Rule 4500)

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.

Which one of the following AOE-recommended training programs was used in this incident? NOTE: If you do not see the program in the list below, please contact Thomas.Faris@vermont.gov.

- Crisis Prevention Institute
- Handle with Care
- Mandt System
- NFI Vermont
- Safety Care
- Therapeutic Crisis Intervention

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, or has chosen to be alone in a space (such as a sensory room) and may leave at will. Seclusion is only permissible under Rule 4500 in cases where restraint is contraindicated for a specific child, or where restraint has not been successful in preventing a child from posing a risk of imminent harm to themselves or others.

Note for times: If more than 30 minutes elapsed between incidents of restraint and/or seclusion, or if there were distinct precipitating events, please complete a separate Rule 4500 report form for each incident.

Time of Restraint/Seclusion(s)

Times: 1

Time restraint/seclusion began:

Time restraint/seclusion ended:

Total time student was in restraint/seclusion (in minutes)

Location of incident:

- Classroom
- Hallway
- Cafeteria
- Playground
- Other

Please explain what "Other Location of Incident" is:

Precipitating event: What factors lead up to the student's escalating behaviors prior to the student posing an imminent risk of physical harm?

Precipitating Event

Less restrictive interventions used: Describe the efforts made to de-escalate the student during the precipitating event and alternatives to restraint/seclusion that were attempted.

Less restrictive interventions used:

Reason for restraint/seclusion: What did the student do that created an imminent risk of substantial physical injury to themselves or others?

Reason for restraint/seclusion

Description of what occurred during the restraint and/or seclusion:

Please indicate all of the form(s) of emergency intervention used:

- | | |
|---|---|
| <input type="checkbox"/> Floor Prone Restraint | <input type="checkbox"/> Standing Restraint |
| <input type="checkbox"/> Floor Supine Restraint | <input type="checkbox"/> Other Restraint |
| <input type="checkbox"/> Moving Restraint | <input type="checkbox"/> Seclusion |
| <input type="checkbox"/> Sitting Restraint | |

If "Other", please explain.

If supine or prone restraint was used, please describe how student's size or severity of behavior necessitated the use of these most restrictive restraints:

If seclusion was used, describe the setting:

If seclusion was used, select the reason below:

- Restraint was attempted and was unsuccessful
- Restraint is contraindicated for this child
- Other

If "Other", please explain:

List of school personnel who administered/monitored the seclusion or restraint:

Personnel 1

First and Last Name:

Position/Title:

School/Agency (if different from school where incident occurred):

Trained to administer restraint:

Yes No

Reminder: If restraint is used, at least one staff person must maintain face-to-face contact with child and monitor for signs of distress.

Role in incident

Administered restraint and seclusion

Monitored only

Did the restraint or seclusion result in a death or injury requiring outside medical treatment or hospitalization to staff or student?

Yes No

If yes, please describe:

Name of the person who evaluated the student following the restraint/seclusion.

Note: The Evaluator should not be any of the individuals who administered the restraint or seclusion, but may be the person who monitored the child for signs of distress.

Title of person who evaluated the student following the restraint/seclusion.

Time student was evaluated:

Results of student evaluation (describe any major or minor injuries or marks on the child):

Time student returned to their typical daily schedule. (Type "N/A" if it's not applicable.):

If student did not return to their typical daily schedule please explain:

Was this student suspended?

Yes No

Was the student monitored for the remainder of the day?

Yes No

Did the family accept the invitation to participate in the review of the incident?

Yes No

Enter in dates for the following statements.

Date verbal or electronic notification provided to student's family (no later than the end of the school day of the incident)

Date written notification and description of the incident provided to family with an invitation to debrief the incident (within 24 hours)

Date on which a staff member debriefed the incident with the student (within two school days of the incident)

Enter in dates for the following statements. (Continue)

Date on which a debriefing occurred with the staff members involved (within two school days of the incident)

Date on which the family had an opportunity to participate in a review of the incident (within four school days of the incident)

Please describe the outcome of the debriefing meetings with the staff, student, and family.

What are the next steps put in place to prevent this student from requiring an emergency intervention (restraint/seclusion) in the future?

Signature from the person filling out this form.