

**Critical Incident Form for Restrictive Procedures—Appendix A**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ **Race (circle all that apply):**  
 Disability: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ American Indian or Alaska Native White, not Hispanic  
 Black or African-American Hispanic/Latino  
 Native Hawaiian/Pacific Islander Asian

Date	Time Intervention Started	Time Intervention Ended	Location	Record time offered water & use of restroom after 15 min.	Record type(s) of physical hold used: Children's control position Team control position Transport position Interim control position Outcome of Personal Safety Technique

Summarize behavioral and physical status during intervention	Staff Names	Record if shoes, belt, pocket contents are removed

**Abbreviation Key:** VA=Verbal Aggression C=Crying PA=Physical Aggression T=Talking to Self SW=Swearing Y=Yelling Q=Quiet

**If meals are delayed or missed due to extreme behavior or safety concerns, provide an explanation:**

**Date(s) and Time(s) of Parent Notification:** \_\_\_\_\_ **Who notified parent:** \_\_\_\_\_

**Brief summary of parent comments:**

(Notify parent(s) the same day the procedure is used. Provide written or electronic notice within two days if unable to notify the same day.)

**Was law enforcement contacted?** \_\_\_\_\_ **By whom?** \_\_\_\_\_ **Outcome of call:**

**Critical Incident Form for Restrictive Procedures—Appendix B**

**Staff Debrief**

**Student Name:** \_\_\_\_\_

Signatures of staff attending debrief (should include at least one person not involved in the incident who has knowledge of behavior):

Teacher \_\_\_\_\_ Special Ed Director \_\_\_\_\_ Principal \_\_\_\_\_

Date and Time of Debrief:	Facilitator:
Is the student on an IEP? Yes No	Does the student have a Behavior Intervention Plan (BIP) in place? Yes No

**Describe the incident:**

- A. Which staff were involved in the incident?
- B. What led up to the incident? Were there specific triggers that can be identified?
- C. What proactive less restrictive interventions were used prior to escalation? What was the impact of those failed interventions?
- D. What was the emergency behavior that required a restrictive procedure?
- E. Was the intervention used to protect child/others from injury?
- F. Describe student and staff behavior during the intervention:

What actions helped? What did not help?

Describe the procedures used to return the child to his/her routine activities:

Is the behavior likely to occur again? Yes No If the student is on a BIP, was it followed? Yes No (if no, document why not)

Follow-up action plan (to prevent need for future restrictive procedures):

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Have there been any other restrictive procedures in the last 30 calendar days? Yes No (if restrictive procedures are used on two separate school days within 30 calendar days or a pattern emerges, the team needs to meet, even when procedures are included in a child's IEP or PBISP.)

An IEP meeting must be scheduled: Yes No

Staff involved were adequately trained: Yes No

Debriefing team determined hold was done correctly: Yes No

Debrief team feels paperwork was completed accurately: Yes No