MSE/MHC
Pupil Therapeutic Restraint Report

Student's Name: **Day of Week: M** **Date:** **Time of Trigger:**
Lead Person in Restraint:
Staff in order of involvement in crisis:
1) 2) 3)
4) 5) 6)

Context of incident:
- ☐ bus/van AM
- ☐ arrival
- ☐ meeting AM
- ☐ academics
- ☐ break AM
- ☐ lunch
- ☐ recess
- ☐ ther. meeting
- ☐ transition
- ☐ phys ed
- ☐ activity
- ☐ other:

Triggering event: (situation that triggered escalating behavior)
- ☐ direction by staff
- ☐ embarrassment
- ☐ confusion
- ☐ other:
- ☐ provoking by peer
- ☐ lost dot /last dot
- ☐ disappointment
- ☐ frustration
- ☐ request to do schoolwork
- ☐ social interaction

Index of escalating student behaviors:

wandering	verbal abuse of peer	refusal to go to quiet room
pencil tapping	verbal threats made to staff	unsafe behavior in quiet room
tone of voice (loud, rude)	verbal abuse of staff	self-abusive behavior
inappropriate lang/conversation	sexual comments/gestures	leaving quiet room
refusal of directions	physical aggression to object	behavior dangerous to staff
refusal of activity	physical aggression to peer	bolting
teasing/provoking peer	unsafe behavior in classroom	assault of staff with weapon
"shut-down"	leaving staff supervision	leaving building

TCI staff interventions: (managing the environment, prompting, caring gesture, hurdle help, redirecting, proximity, active listening, planned ignoring/positive attention, directive statement, IASSIST, quiet room direction, restraint

(1) Student Behavior(s):
Intervention(s):
(2) Student Behavior(s):
Intervention(s):
(3) Student Behavior(s):
Intervention(s):
(4) Student Behavior(s):
Intervention(s):
(5) Student Behavior(s):
Intervention(s):

Time of Initiation of Restraint: **Termination:** **Location of Restraint:**
Description of restraint (small child or team, each staff's role, and pertinent data):

How restraint was ended (description of letting go):

Results of Life Space Interview: **Conducted by:** **Time:**
Isolate (where):
Explore child's point of view-use of active listening/reflective responding to validate feelings & clarify content:
Summarize in sequence what happened to make sure you and child agree:
Connect target behavior to feelings and/or triggering event:
Alternatives encourage ideas for more appropriate alternative responses to stress:
Plan/Practice new behavior for next time child is faced with same situation and/or feeling:
Enter (give anticipatory guidance for reentry; review any consequences or follow-up crisis):
Modified for Children with Developmental Delays:
Talk about it (explore/share/connect):
Fix It (plan for next time):
Smile (re-enter on positive note):

Was anyone injured in restraint? N **If yes, was treatment sought?** N
Explain:
Person Completing this report: **Date Form Completed:**
Date form e-mailed to TCI office:

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Parent/guardian notification:
☐ Communication Form
☐ by Social Worker: _____ Date/Time Contacted: _____ Person Contacted: _____
Comments:

Signatures of Staff Involved /Comments

1. _____ _____
Signature Role/Comments:

2. _____ _____
Signature Role/Comments:

3. _____ _____
Signature Role/Comments:

4. _____ _____
Signature Role/Comments:

5. _____ _____
Signature Role/Comments:

6. _____ _____
Signature Role/Comments: