

### 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:**

- |                                     |                                    |  |                                   |
|-------------------------------------|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> bus/van AM | <input type="checkbox"/> academics | <input type="checkbox"/> recess        | <input type="checkbox"/> phys ed  |
| <input type="checkbox"/> arrival    | <input type="checkbox"/> break AM  | <input type="checkbox"/> ther. meeting | <input type="checkbox"/> activity |
| <input type="checkbox"/> meeting AM | <input type="checkbox"/> lunch     | <input type="checkbox"/> transition    | <input type="checkbox"/> other:   |

**Triggering event:** (situation that triggered escalating behavior)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> direction by staff | <input type="checkbox"/> provoking by peer  | <input type="checkbox"/> frustration              |
| <input type="checkbox"/> embarrassment      | <input type="checkbox"/> lost dot /last dot | <input type="checkbox"/> request to do schoolwork |
| <input type="checkbox"/> confusion          | <input type="checkbox"/> disappointment     | <input type="checkbox"/> social interaction       |
| <input type="checkbox"/> other:             |   |   |

**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 e-mailed to TCI office:**

**Date Form Completed:**

\*\*\*\*\*

**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: \_\_\_\_\_