

DEPARTMENT OF SPECIAL EDUCATION Restrictive Procedure Plan for UMA

In accordance with Minn. Stat. §§ 125A.094 and 125A.0942 as amended effective 7/1/13, every school district is required to develop and make publicly accessible in an electronic format on a school or district website or make a paper copy available upon request a plan that discloses its use of restrictive procedures with special education students. The plan must list the restrictive procedures that the school district intends to use; describe how the school district will implement a range of positive behavior strategies and provide links to mental health services, describe how the school district will monitor and review the use of restrictive procedures, including post-use debriefings and convening an oversight committee to undertake a quarterly review of the use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures, the number of times a restrictive procedures is used schoolwide and for individual children the number and types of injuries, if any, resulting from the use of restrictive procedures, whether restrictive procedures are used in nonemergency situations, the need for additional staff training, and proposed actions to minimize the use of restrictive procedures; and includes a written description and documentation of the training any staff members who will be using restrictive procedures have completed to show they have the skills set out in Minn. Stat. § 125A.0942, subd. 5.

Restrictive procedures:

Upper Mississippi Academy (UMA) uses restrictive procedures only in emergency situations. “Emergency” means a situation where immediate intervention is needed to protect the student or other individuals from physical injury. “Emergency” does not mean circumstances such as: a child who does not respond to a task or request and instead places his or her head on a desk or hides under a desk or table; a child who does not respond to a staff person’s request unless failing to respond would result in physical injury to the child or other individual; or an emergency incident has already occurred and no threat of physical injury currently exists. Restrictive procedures must not be used to punish or otherwise discipline a child.

Restrictive Procedures Used: The restrictive procedure that UMA may use in an emergency situation is physical holding. Physical holding is a physical intervention intended to hold a student immobile or limit a student’s movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a student in order to protect a student or other individual from physical injury. The physical holding must:

(1) be the least intrusive intervention that effectively responds to the emergency; (2) not be used to discipline a noncompliant student; (3) end when the threat of harm ends and the staff determines the child can safely return to the classroom or activity; (4) be observed directly by staff while the physical holding is being used; and (5) be documented as soon as possible after the incident concludes by the person who implemented the physical hold or oversaw the hold.

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Restrictive Procedures Not Used: UMA does not use the restrictive procedures of :

- a. Seclusion – confining a student alone in a room from which egress is barred, including by an adult locking or closing the door in the room or preventing the student from leaving the room. Removing a student from an activity to a location where the student cannot participate in or observe the activity is not seclusion if the student is not confined alone in a room from which egress is barred.
- b. Prone Restraint – placing a student in a face down position.

Mechanical Restraint: Physical holding does not include the application of mechanical restraints for bus transportation, sensory needs, or medical needs as these procedures are documented in the student's Individual Family Service Plan (IFSP) or Individual Education Program (IEP).

How UMA staff will Implement a Range of Positive Behavior Strategies and Links to Available Mental Health Services:

UMA will only use physical holds in emergency situations. UMA staff will implement a range of positive behavior strategies as a proactive approach to teaching positive behavior skills to students, thereby reducing students exhibiting challenging behaviors and the need for the use of physical holds. These positive behavior strategies include:

- Redirection
- Correction
- Allow student to go to safe place to relax/regroup
- Cross talk with Staff
- Cross talk with Peer
- Planned ignoring
- Conflict mediation
- Verbal de-escalation
- Process with Staff
- Exit other Peers
- Offer alternative activities
- Offer sensory tools
- Social skills training
- Staff switch out
- Proximity control

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To obtain service or a referral to a service provider, the family should contact their primary care clinic, physician or insurance provider.

Set out below are links to mental health resources:

County Mobile Crisis Teams:

Call the team in the county where you are located when you are in a mental health crisis situation. They will assess the situation and advise you on what to do.

Anoka County 763-755-3801

Dakota County 952-891-7171

Hennepin County 612-596-1223

Ramsey County 651-266-7900 or 651-774-7000

Washington County 651-777-5222

National Alliance on Mental Illness (NAMI): <http://www.namihelps.org/>

Minnesota Association for Children's Mental Health (MACMH): <http://www.macmh.org/>

Canvas Health

2550 University Ave W.

St. Paul, MN 55114

(651) 379-5157

Centro

1915 Chicago Ave.

Minneapolis, MN 55404 (612) 874-1412

Change, Inc.

227 Colfax Ave. N., Suite 130 Minneapolis, MN 55405

(612) 759-8789

Family Innovations, Inc.

Anoka: (763) 421-5535

Eden Prairie: (952) 224-2282

Maplewood: (651) 748-5019

Guadalupe Alternative Programs

381 E. Robie St. Saint Paul, MN 55107-2415 (651) 222-0757

Headway Emotional Health Services (formerly Storefront)

6425 Nicollet Ave. S.

Richfield, MN 55423

(612) 861-1675

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Helena Family Support
13537 Windyhill Rd.
Minnetonka, MN 55305
(952) 484-4885

Hoistad and Associates/Natalis Counseling
St. Paul and Shoreview locations:
2550 University Ave. W., Suite 314N St. Paul, MN 55114
(651) 379-5157

Lutheran Social Service of Minnesota
2485 Como Ave.
St. Paul, MN 55108
(651) 642.5990
1-800-582-5260

NorthPoint Health and Wellness Center
1313 Penn Ave. N. Minneapolis, MN 55411
(612) 543-2500

POR Emotional Wellness (formerly Power of Relationships)
7380 France Ave. S., Suite 209
Edina, MN 55435
(952) 835-6540

The Family Partnership
414 S. 8th St.
Minneapolis, MN 55404
(612) 339-9101

The Mental Health Collective (Watercourse)
3548 Bryant Ave S.
Minneapolis, MN 55408
(612) 822.8227

Washburn Center for Children
2430 Nicollet Ave. S. Minneapolis, MN 55404
(612) 871-1454

Edina Family Services Collaborative

<http://www.edinaresourcecenter.com/>
Carrie Cabe
5701 Normandale Road, Room 171
Edina, MN 55424
952-848-3938
fax: 952-848-3937

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Hennepin County Children's Mental Health Collaborative

www.hccmhc.com

Curt Peterson

2815 Toledo Avenue South

St. Louis Park, MN 55416-1925

612-998-7466

Hennepin South Services Collaborative

<http://www.hsscsmn.org/>

Curt Peterson Δ

2815 Toledo Avenue South

St. Louis Park, MN 55416-1925

612-998-7466

Hennepin

Minneapolis Redesign

<http://www.ycb.org/>

Judy Pickering

330 2nd Avenue South, Suite 540

Minneapolis, MN 55401-2211

612-673-3445

612-673-2346

Hopkins Family Services Collaborative

Betsy Hedding

1001 Highway #7

Hopkins, MN 55305

952-988-4068

Northwest Hennepin Family Services Collaborative

<http://www.northwesthennepinfamilyservicecollaborative.com/>

Jonette Zuercher

11200 93rd Avenue North

Maple Grove, MN 55369

763-391-7253

763-391-7070

Ramsey County Children's Mental Health Collaborative

<http://www.rccmhc.org/>

Traci Warnberg-Lemm

Bruce Vento Elementary School

409 Case Avenue

St. Paul, MN 55130

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651-312-9051

R_e

St. Paul Children's Collaborative

<http://www.saintpaulkids.org>

Laurie Davis

Advance Consulting LLC

10 Russell Court

Minneapolis, Minnesota 55410

612-285-2773

612-285-2787

laurie@advance-consulting.com

Suburban Ramsey Family Collaborative

<http://www.kidsmattersrfc.org>

Mary Sue Hansen

1910 West County Road B

Roseville, MN 55113

651-604-3501

Scott Family Net

Wanda Kane

200 West 4th Avenue

Shakopee, MN 55379

952-496-8340

953-496-8430

wkane@co.scott.mn.us

Children's Mental Health & Family Service Collaborative

<http://www.co.dakota.mn.us/HealthFamily/CaringFor/InfoForParents/Collaboratives.htm>

Janell Schilman

Dakota County Social Services

14955 Galaxie Avenue

Apple Valley, MN 55124

952-891-7449

952-891-7473

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How Upper Mississippi Academy will monitor and review the use of restrictive procedures by UMA staff:

Who may use restrictive procedures -

Restrictive procedures may be used in emergency situations only by the following staff who have been properly trained in the skills and knowledge areas described in Minn. Stat. § 125A.0942, subd. 5, which are set out subsequently in this plan:

Licensed special education teacher

School social worker

School psychologist

Behavior analyst certified by the national Behavior Analyst Certification Board

Staff with a master's degree in behavior analysis

Other licensed education professional

Paraprofessional as described in Minn. Stat. § 120B.363 (a copy of § 120B.363 is attached to this plan as Attachment A)

Mental health professional covered by Minn. Stat. § 245.4871, subd. 27 (a copy of § 245.4871, subd. 27 is attached to this plan as Attachment B)

Procedures to follow if a restrictive procedure is used –

1. **Parent Notification:** School staff shall make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the student, or if the school is unable to provide same-day notice, notice is sent to the parent by written or electronic means within two days of the procedure being used or as otherwise indicated in the student's IEP. (*See Parent Notice form in Attachment E.*)

2. **Reporting of Use of Restrictive Procedure:** Either the staff person who implements or the staff person who oversees the use of a restrictive procedure shall inform the administration of the use of the restrictive procedure as soon as possible and shall complete the restrictive procedures report form no later than the next working day. (*See reporting form in Attachment D.*) The restrictive procedures report form must include:

a. a description of the incident that led to the use of the restrictive procedure;

b. state why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;

c. state the time the restrictive procedure began and the time the student was released from the hold; and

d. give a brief record of the student's behavioral and physical status during and after the use of the restrictive procedure.

3. **Staff Debriefing after Use of Restrictive Procedure:** The building administrator or his/her

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designee and the staff involved in the use of the restrictive procedure are expected to debrief after every use of a restrictive procedure. This debriefing could include completing and discussing the restrictive procedures reporting form.

4. Including Plan for Use of a Restrictive Procedure in Student's IEP: A student's IEP team may include a plan for using a restrictive procedure in the student's IEP but may only use the restrictive procedure in situations that constitute an emergency. If a plan is included in the student's IEP, the IEP must also indicate how the parent wants to be notified when a restrictive procedure is used. The district must review use of restrictive procedures at a student's annual IEP meeting when the student's IEP provides for using restrictive procedures in an emergency.

5. Use of Restrictive Procedure Twice in 30 Days: If a restrictive procedure is used on two separate days within 30 calendar days or if a pattern of use of the restrictive procedure emerges and the student's IEP or behavior intervention plan does not provide for using restrictive procedures in an emergency; , the district must hold an IEP meeting within ten calendar days after district staff use the second restrictive procedure. This meeting can also be requested by the parent or the district after restrictive procedures have been used. At this meeting the team must:

- a. review the student's Functional Behavior Assessment (FBA);
- b. review other data connected to the behavior(s) that prompted the use of the restrictive procedure;
- c. consider developing additional or revised positive behavioral interventions and supports;
- d. consider actions that could be taken to reduce the use of restrictive procedures;
- e. consider developing a Behavior Intervention Plan (BIP) or modifying an existing BIP or consider other revisions to the student's IEP;
- f. review any known medical or psychological limitations, including any medical information the parent provided voluntarily, that contraindicate the use of a restrictive procedure; and
- g. consider whether to prohibit a restrictive procedure and, if so, document any prohibition in the student's IEP.

If the IEP team determines that existing interventions and supports are ineffective in reducing the use of restrictive procedures or the district uses restrictive procedures on a child on 10 or more school days during the same school year, the team, as appropriate, either must consult with other professionals working with the student; consult with experts in behavior analysis, mental health, communication, or autism; consult with culturally competent professionals; review existing evaluations, resources, and successful strategies; or consider whether to reevaluate the student.

6. Oversight Committee: At least annually, the District will convene an oversight committee which will include the following individuals:

- Special Education Director and Special Education Coordinator(s),
- School Director

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- Lead School Social Worker,

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This oversight committee will review the aggregate data on the use of restrictive procedures in the District looking:

- for patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures;
- at the number of times a restrictive procedure is used schoolwide and for individual children;
- at the number and types of injuries, if any, resulting from the use of restrictive procedures;
- at whether restrictive procedures are used in nonemergency situations;
- at whether additional staff training on behavior interventions and restrictive procedures is needed; and
- at proposed actions to minimize the use of restrictive procedures.

UMA will review their restrictive procedures data on a monthly basis to monitor the implementation of the District's restrictive procedures plan and determine if additional staff training on behavior interventions and restrictive procedures is needed.

Description of staff training –

Staff members who use restrictive procedures shall complete training in the following skills and knowledge areas:

1. positive behavior interventions;
2. communicative intent of behaviors;
3. relationship building;
4. alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
5. de-escalation methods;
6. standards for using restrictive procedures only in an emergency;
7. obtaining emergency medical assistance;
8. the physiological and psychological impact of physical holding and seclusion;
9. monitoring and responding to a student's physical signs of distress when physical holding is being used;

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10. recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used;

11. district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure; and

12. school-wide programs on positive behavior strategies.

The District will keep documentation of the staff members who attend those trainings.

Prohibited procedures –

District staff members are prohibited from using the following actions or procedures:

1. engaging in corporal punishment which is defined by Minnesota statute to be conduct involving: (1) hitting or spanking a person with or without an object; or (2) unreasonable physical force that causes bodily harm or substantial emotional harm.

2. requiring a student to assume and maintain a specified physical position, activity, or posture that induces physical pain;

3. totally or partially restricting a student's senses as punishment;

4. presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;

5. denying or restricting a student's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the student's functioning, except when the temporary removal of the equipment or device is needed to prevent injury to the student or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the student as soon as possible;

6. interacting with a student in a manner that constitutes sexual abuse, neglect, or physical abuse as those terms are defined in Minn. Stat. § 626.556;

7. withholding regularly scheduled meals or water;

8. denying access to bathroom facilities; and

9. physical holding that restricts or impairs a student's ability to breathe, restricts or impairs a student's ability to communicate distress, places pressure or weight on a student's head, throat, neck,

Nothing in this plan precludes the use of reasonable force as allowed under Minn. Stat. §§ 121A.582, 609.06, subd. 1, and 609.379 (these laws are set out in Attachment C).

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Attachment A

120B.363 CREDENTIAL FOR EDUCATION PARAPROFESSIONALS.

Subdivision 1. Rulemaking.

The Board of Teaching must adopt rules to implement a statewide credential for education paraprofessionals who assist a licensed teacher in providing student instruction. Any paraprofessional holding this credential or working in a local school district after meeting a state-approved local assessment is considered to be highly qualified under federal law. Under this subdivision, the Board of Teaching, in consultation with the commissioner, must adopt qualitative criteria for approving local assessments that include an evaluation of a paraprofessional's knowledge of reading, writing, and math and the paraprofessional's ability to assist in the instruction of reading, writing, and math. The commissioner must approve or disapprove local assessments using these criteria. The commissioner must make the criteria available to the public.

Subd. 2. Training possibilities.

In adopting rules under subdivision 1, the board must consider including provisions that provide training in: students' characteristics; teaching and learning environment; academic instruction skills; student behavior; and ethical practices.

Subd. 3. Initial training.

Within the first 60 days of supervising or working with students, a district must provide each paraprofessional with initial training in emergency procedures, confidentiality, vulnerability, reporting obligations, discipline policies, roles and responsibilities, and a building orientation.

Attachment B

245.4871 DEFINITIONS.

Subd. 27. Mental health professional.

"Mental health professional" means a person providing clinical services in the diagnosis and treatment of children's emotional disorders. A mental health professional must have training and experience in working with children consistent with the age group to which the mental health professional is assigned. A mental health professional must be qualified in at least one of the following ways:

(1) in psychiatric nursing, the mental health professional must be a registered nurse who is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in child and adolescent psychiatric or mental health nursing by a national nurse certification organization or who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(2) in clinical social work, the mental health professional must be a person licensed as an independent clinical social worker under chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental disorders;

(3) in psychology, the mental health professional must be an individual licensed by the board of psychology under sections 148.88 to 148.98 who has stated to the board of psychology competencies in the diagnosis and treatment of mental disorders;

(4) in psychiatry, the mental health professional must be a physician licensed under chapter 147 and certified by the American board of psychiatry and neurology or eligible for board certification in psychiatry;

(5) in marriage and family therapy, the mental health professional must be a marriage and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of post-master's supervised experience in the delivery of clinical services in the treatment of mental disorders or emotional disturbances;

(6) in licensed professional clinical counseling, the mental health professional shall be a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental disorders or emotional disturbances; or

(7) in allied fields, the mental health professional must be a person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of emotional disturbances.

Attachment C

121A.582 STUDENT DISCIPLINE; REASONABLE FORCE.

Subdivision 1. Reasonable force standard.

(a) A teacher or school principal, in exercising the person's lawful authority, may use reasonable force when it is necessary under the circumstances to correct or restrain a student or prevent bodily harm or death to another.

(b) A school employee, school bus driver, or other agent of a district, in exercising the person's lawful authority, may use reasonable force when it is necessary under the circumstances to restrain a student or prevent bodily harm or death to another.

(c) Paragraphs (a) and (b) do not authorize conduct prohibited under sections 121A.58 and 121A.67.

Subd. 2. Civil liability.

(a) A teacher or school principal who, in the exercise of the person's lawful authority, uses reasonable force under the standard in subdivision 1, paragraph (a), has a defense against a civil action for damages under section 123B.25.

(b) A school employee, bus driver, or other agent of a district who, in the exercise of the person's lawful authority, uses reasonable force under the standard in subdivision 1, paragraph (b), has a defense against a civil action for damages under section 123B.25.

Subd. 3. Criminal prosecution.

(a) A teacher or school principal who, in the exercise of the person's lawful authority, uses reasonable force under the standard in subdivision 1, paragraph (a), has a defense against a criminal prosecution under section 609.06, subdivision 1.

(b) A school employee, bus driver, or other agent of a district who, in the exercise of the person's lawful authority, uses reasonable force under the standard in subdivision 1, paragraph (b), has a defense against a criminal prosecution under section 609.06, subdivision 1.

Subd. 4. Supplementary rights and defenses.

Any right or defense in this section is supplementary to those specified in section 121A.58, 121A.67, 123B.25, or 609.06, subdivision 1.

609.06 AUTHORIZED USE OF FORCE.

Subdivision 1. When authorized.

Except as otherwise provided in subdivision 2, reasonable force may be used upon or toward the person of another without the other's consent when the following circumstances exist or the actor reasonably believes them to exist:

(1) when used by a public officer or one assisting a public officer under the public officer's direction:

(a) in effecting a lawful arrest; or

(b) in the execution of legal process; or

(c) in enforcing an order of the court; or

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- (d) in executing any other duty imposed upon the public officer by law; or
- (2) when used by a person not a public officer in arresting another in the cases and in the manner provided by law and delivering the other to an officer competent to receive the other into custody; or
- (3) when used by any person in resisting or aiding another to resist an offense against the person; or
- (4) when used by any person in lawful possession of real or personal property, or by another assisting the person in lawful possession, in resisting a trespass upon or other unlawful interference with such property; or
- (5) when used by any person to prevent the escape, or to retake following the escape, of a person lawfully held on a charge or conviction of a crime; or
- (6) when used by a parent, guardian, teacher, or other lawful custodian of a child or pupil, in the exercise of lawful authority, to restrain or correct such child or pupil; or
- (7) when used by a school employee or school bus driver, in the exercise of lawful authority, to restrain a child or pupil, or to prevent bodily harm or death to another; or
- (8) when used by a common carrier in expelling a passenger who refuses to obey a lawful requirement for the conduct of passengers and reasonable care is exercised with regard to the passenger's personal safety; or
- (9) when used to restrain a person who is mentally ill or mentally defective from self-injury or injury to another or when used by one with authority to do so to compel compliance with reasonable requirements for the person's control, conduct, or treatment; or
- (10) when used by a public or private institution providing custody or treatment against one lawfully committed to it to compel compliance with reasonable requirements for the control, conduct, or treatment of the committed person.

609.379 PERMITTED ACTIONS.

Subdivision 1. Reasonable force.

Reasonable force may be used upon or toward the person of a child without the child's consent when the following circumstance exists or the actor reasonably believes it to exist:

- (a) when used by a parent, legal guardian, teacher, or other caretaker of a child or pupil, in the exercise of lawful authority, to restrain or correct the child or pupil; or
- (b) when used by a teacher or other member of the instructional, support, or supervisory staff of a public or nonpublic school upon or toward a child when necessary to restrain the child from self-injury or injury to any other person or property.

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Attachment D – 03/12/15

Restrictive Procedure Reporting Form

Restrictive Procedure Form: This form is completed whenever a restrictive procedure is used, as described in Minn. Stat. § 125A.0942. This form is to be filed in the Student's Due Process file.

Student Name: _____ Grade: _____ Age: _____ ID No.:

Student's Disability: Primary: _____ Secondary _____ Gender: F / M

Race/Ethnicity of student: __ American Indian __ Asian __ Black __ Hispanic __ White __ Other

School: _____ Date restrictive procedure used: _____ Time: _____

Person(s) using the hold:

Job Title: _____

Job Title: _____

Person completing reporting form: _____

Date form completed: _____

Description of the incident that led to the physical hold.

Area of school student was in at the time of the behavior that resulted in the hold:

Classroom Computer Lab Gym Hallway Alternative Instruction Room
 Lunchroom Bathroom Office School Entryway Breakout Room
 Other

—

Description of behavior(s) that preceded the decision to use a physical hold:

Assault on Student Fighting Assault on Staff Self-injurious behavior
 Running from the building Other

Less restrictive measures tried to address student behavior(s) prior to the use of a physical hold:

Redirection Correction Staff Escort to breakout space Allow student to go to safe place to

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relax/regroup __ Cross talk with Staff __ Planned Ignoring __ Conflict Mediation __ Verbal
De-escalation __ Process with Staff __ Cross talk with Peer __ Exited other Peers __ Offer alternative
activities
__ Offer sensory tools __ Staff switch out __ Proximity control __ Other:

Description of the physical hold used.

Type of physical hold: __ Single Person Control __ Team Control (Two Person) __ Transport Position
(Two Person)

Time hold began: _____ Time hold released: _____ Total time of hold:

Student's behavioral and physical status during hold: __ Talking __ Shouting __ Screaming __ Crying
__ Grunting __ Sweating __ Spitting __ Grimacing __ Complains of pain in

Skin coloring: __ Normal Coloring __ Flushed __ Blotchy __ Bluish lips/nailbeds __ Pallor
(pale/white)

Breathing: __ Regular Breathing __ Rapid Breathing __ Labored Breathing

Other (Describe):

Student's behavioral and physical status after release from hold:

__ Regular Breathing __ Normal Coloring __ Calm Appearance __ Sleepy __ Crying

__ Re-escalating __ Other (Describe): _____

Additional Comments:

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DESCRIPTION OF INCIDENT:

What incidents led up to the use of the hold?

Why were less restrictive measures determined inappropriate or impractical?

Did the physical hold result in an injury to the student? No Yes

Describe: _____

[If circled Yes, Student Accident Report form has been completed and submitted.]

Did the physical hold result in an injury to a staff member? No Yes

Describe: _____

[If circled Yes, Employee Notice of Injury form has been completed and submitted.]

Parent/Guardian notified on (date): _____ by ___ phone ___ email ___ Notebook

___ Other method agreed upon by parent and included in student's IEP: _____

Written Notice sent to parent on _____.

Building Administrator/Designee notified of use of restrictive procedure on: _____ at
_____ a.m./p.m.

Name of Building Administrator/Designee notified: _____

Debriefing of use of restrictive procedure held on: _____

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Attended by: _____
Cc: __ Student's Due Process File

This Document is also available on the website- <https://umissacademy.org/>

_____ Due Process File
_____ Building Administrator