

Hart County Schools

SCM ESPI/Restraint Report

Student Name: _____ Date: _____

Response Details: You may only select:

Seated Cradle Restraint Standing Position Restraint Transportation Position Restraint

Response Date: _____ Response Start Time: _____ Response End Time: _____
(Not to exceed 10 minutes without attempting to release or transitioning to another restraint)

Pre-Response Interventions:

Other-describe in pre-response text box

Please give a description of the events that occurred prior to the use of restraint, include all de-escalation strategies used:

Pre-Reponses Actions:

List all parties involved

_____	Student Name
_____	Title _____
_____	Title _____
_____	Title _____

Describe the events immediately before and during the use of restraint include a description of where the restraint occurred, how the student responded, was the student transported, and how the student's behavior posed a danger to self or others. Describe how the student responded during the restrain and how the student responded when releasing from the restraint.

Chronologically describe the events and facts. Please use third person language. Use SCM language where appropriate.

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Post-Response Actions:

Please describe how the students and staff responded post-restraint, include a description of the effectiveness of the restraint at reducing harm to self or staff, describe any de-escalation strategies that were effective for use with this student that could reduce the need for future restraint. If collecting data on the student document if the student is currently in the KSI/RTI process. Document all people notified about this restrain as well as the date, time, and attendees of the debriefing session.

Location of restraint: _____

Student Details:

Apply to Student: _____

Guardian Contacted:

Date: _____ Time: _____ Contact Name: _____

Details of contact:

Student was injured during the response: yes or no

Participating Details:

Name: _____ (Person restraining) Role: Staff Primary Lead
Participate was injured during response: yes or no
Name: _____ (Person Assisting) Role: Staff Secondary
Participate was injured during response: yes or no
Name: _____ (Person observing) Role: Student observer

Administrator Signature: _____