



## Wisconsin Rapids Public Schools Notification & Reporting of Physical Restraint and/or Seclusion

Parents of pupil must be notified of the incident no later than 1 business day.  
This report shall be completed within 2 business days of the incident and must be sent to the pupil's parents within 3 business days of the incident (1<sup>st</sup> class mail, electronic transmission, or hand delivery).

<b>Person Completing Report:</b> Click or tap here to enter text.	<b>School Building:</b> Click or tap here to enter text.	<b>Date of Report:</b> Click or tap to enter a date.
<b>Pupil Name:</b> Click or tap here to enter text.	<b>Grade:</b> Click or tap here to enter text.	<b>Date of Incident:</b> Click or tap to enter a date.
<b>Parent Name:</b> Click or tap here to enter text.	<b>Student with IEP</b> Yes or No  <b>Student with 504 Plan</b> Yes or No	<b>Date of Notification:</b> Click or tap to enter a date.  <b>Method of Notification:</b> Choose an item.

**(A) Description of clear, present, and imminent risk:**  
Click or tap here to enter text.

**(B) Description of strategies used to de-escalate student prior to seclusion/restraint:**  
Click or tap here to enter text.

**(C) Description of pupil's actions:**  
**Before the incident:**  
Click or tap here to enter text.

**During the incident:** Document student's behavior every 5 minutes.  
Click or tap here to enter text.

**After the incident:**  
Click or tap here to enter text.

**Name/Title of Staff Member(s) and/or law enforcement officers present during the incident:**

Name	Title	Involved in debriefing/Date
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Others (name, title, debriefing):** Click or tap here to enter text.

<b>Summary of debriefing with all who participated in the incident to discuss all of the following:</b>	
<b>Events preceding, during and following the use of seclusion or physical restraint:</b>	
<i>Click or tap here to enter text.</i>	
<i>How to prevent the need for seclusion or physical restraint, including factors that may have contributed to the escalation of behaviors; alternatives to physical restraint, such as de-escalation techniques and possible interventions; and other strategies that the school principal or designee determines are appropriate.</i>	
<i>Click or tap here to enter text.</i>	
<b>If this was the 2<sup>nd</sup> time Seclusion or Restraint was used this school year, the IEP team must meet as soon as practicable, but no later than 10 school days after the incident.</b>	
<b>List any follow-up actions needed such as student meeting, IEP review, etc.:</b>	
<i>Click or tap here to enter text.</i>	
<i>Please print this form for signatures and date</i>	
<b>Person Completing Form's Signature:</b>	<b>Date:</b>
<b>Principal/Designee Signature:</b>	<b>Date:</b>

### Incident Written Report

<b>SECLUSION</b>	Yes or No	<b>Date:</b> Click or tap to enter a date.	<b>Time:</b> Click or tap here to enter text.	<b>Duration:</b> Click or tap here to enter text.	<b>Location:</b> Click or tap here to enter text.
<b>RESTRAINT</b>	Yes or No	<b>Date:</b> Click or tap to enter a date.	<b>Time:</b> Click or tap here to enter text.	<b>Duration:</b> Click or tap here to enter text.	<b>Location:</b> Click or tap here to enter text.

This incident was recorded and report was filed in the building level seclusion and restraint log on the following date: \_\_\_\_\_

Approved by Board April 8, 2019  
Revised December 14, 2020