

TRI-COUNTY SPECIAL EDUCATION JOINT AGREEMENT

Time-Out/Restraint Form rev Jan. 2019

Student's Name _____ Date _____

<p>Time Out/Seclusion: Time in _____ Time Released _____</p> <p>Antecedents (what was happening prior to behavior): _____</p> <p>Behavior resulting in TO/seclusion: _____</p> <p>Witnessed by: _____</p> <p>Location in building: _____</p> <p>Less restrictive interventions attempted:</p> <p><input type="checkbox"/> Planned Ignoring</p> <p><input type="checkbox"/> Cool Down Period</p> <p><input type="checkbox"/> Verbal Redirection (setting limits)</p> <p><input type="checkbox"/> Proximity Control</p> <p><input type="checkbox"/> Other: _____</p> <p>Release criteria: () calm _____ minutes () accepts redirection () other _____</p> <p>Behavior at release: _____</p>	<p>Restraint: Time in _____ Time Released _____</p> <p>Antecedents (what was happening prior to behavior): _____</p> <p>Behavior that was harm to self or others: _____</p> <p>Witnessed by: _____</p> <p>Location in building: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Less restrictive interventions:</p> <p><input type="checkbox"/> Planned Ignoring</p> <p><input type="checkbox"/> Cool Down Period</p> <p><input type="checkbox"/> Verbal Redirection</p> <p><input type="checkbox"/> Proximity Control</p> <p><input type="checkbox"/> Time Out/Other: _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Restraint used:</p> <p><input type="checkbox"/> Child Control</p> <p><input type="checkbox"/> Team Control</p> <p><input type="checkbox"/> Holding-seated position</p> </td> </tr> </table> <p>Release will be immediate once student is calm</p> <p>Discussed criteria for release with student: _____ Yes _____ No</p> <p>Behavior at release: _____</p>	<p>Less restrictive interventions:</p> <p><input type="checkbox"/> Planned Ignoring</p> <p><input type="checkbox"/> Cool Down Period</p> <p><input type="checkbox"/> Verbal Redirection</p> <p><input type="checkbox"/> Proximity Control</p> <p><input type="checkbox"/> Time Out/Other: _____</p>	<p>Restraint used:</p> <p><input type="checkbox"/> Child Control</p> <p><input type="checkbox"/> Team Control</p> <p><input type="checkbox"/> Holding-seated position</p>
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If time out exceeds 30 minutes in length OR restraint exceeds 15 minutes in length, certified staff must sign to indicate that they: [1] evaluated the situation, including the student's potential need for nourishment, restroom, etc.; [2] considered the appropriateness of the time-out/restraint; and [3] considered the possibility of a need for alternate strategies.

_____ (signature of CPI certified staff) _____ (time)

Student Injuries: Prior to intervention YES NO During/Post intervention YES NO ****If Yes, Attach student injury report(s)**

Staff Injuries: During intervention process(escort,restraint,supervision,etc): YES NO ****If Yes, Attach employee injury report(s)**

Property damage: _____

Need for revision of Behavior Intervention Plan: _____ Yes (Case Manager must contact SEA) _____ No

Signature(s) and code of **all personnel** supervising and/or implementing seclusion/restraint: (LEGIBLE signature please)

Code _____ Code _____

Code _____ Code _____

Codes: E = escort; R = restraint; TS = Time out supervision; W = witness

Contact Person: _____

Phone _____ Date _____ Time _____ a.m./p.m.

Written form sent to parent _____ (date) SEA/Principal Signature of Receipt _____ Date _____

cc: **SEA**, Parent, Student File

