

FLAGSTAFF UNIFIED SCHOOL DISTRICT #1 REVIEW OF REPEATED USE OF RESTRAINT OR SECLUSION TECHNIQUES

Restraint/Seclusion Documentation

A review meeting to review strategies used to address a student's dangerous behavior must be scheduled if there has been repeated use of restraint or seclusion for the student during the school year, A.R.S. 15-105. This form may also be used to report a single incident.

Student Name: _____ Student ID: _____

Grade: _____ Age: _____ Birthdate: _____ School: _____

Parent Name(s): _____

Address: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

Date of Incident: _____ Location: _____

Review current and previous incidents in which physical restraint/seclusion techniques were used:

Review strategies used to address the student's dangerous behavior:

Analyze how future incidents may be avoided:

The team recommends a Functional Behavioral Assessment:

- Yes
- No

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

If parent(s) did not attend the meeting, explain other methods to ensure parent participation and/or child as appropriate (e.g. conference call, videoconference, home visit): _____