Hinckley-Finlayson School District
Quarterly Summary Use of Restrictive Procedures

School: _____ **Date:** _____

Staff Training:

How many staff members received the required CPI training in your building? _____

Did any untrained staff participate in a restrictive procedure? Yes ____ No ____ If yes, what was the rationale? _____

Seclusion:

How many incidences of seclusion were used since the last review meeting? _____

Identify the number of students for whom seclusion was used: _____

For buildings with certified seclusion room only: Was seclusion used in an area of the building other than the specially designed seclusion room? Yes____ No ____

If the answer is "yes," list where: _____

Was seclusion used only in response to an "Emergency?" Yes____ No ____

If the answer is "no," explain why and the corrective action taken: _____

Physical Holding:

How many physical holds were used since the last review meeting? _____

Identify the number of students for whom a physical hold was used: _____

Were physical holds used only in response to an "Emergency?" Yes____ No ____

If the answer is "no," explain why and the corrective action taken: _____

Prohibited Use:

Did the debriefing teams find incorrect or prohibited use of a restrictive procedure? Yes ____ No ____

If "yes," what corrective action was taken: _____

Summary of Restrictive Procedures Reporting Forms:

Frequency of Use: Increase Decrease Same

Duration of Use: Increase Decrease Same

Were the positive interventions consistently used prior to use of a restrictive procedure? Yes No

Were parents routinely notified on the same day of the procedure or within 2 days via written or electronic notice?
Yes No

Total number of student injuries: _____

Type of injuries: _____

Total number of staff injuries: _____

Type of injuries: _____

Summary of Staff Debriefing Meeting forms:

Is there a pattern of antecedents? Yes No Specify _____

Is there a pattern of behaviors? Yes No Specify _____

Is there a pattern of staff responses? Yes No Explain: _____

Is there a pattern in the time of day and/or week? Yes No Explain:

Is there a pattern of interventions that escalated student behaviors? Yes No Explain: _____

Were procedures routinely discontinued when threat of harm ended? Yes No

Were procedures routinely used only in an emergency? Yes No

Building Oversight Committee Recommended Next Steps