

## Rule 4500: Internal Restraint/Seclusion Documentation Report

### Purpose

This form is provided for schools' internal use to document incidents of restraint and seclusion as required by [Vermont Board of Education Rule 4500](#). These prompts represent the information Vermont schools are expected to document for any use of restraint or seclusion. If you need to report an incident that meets the criteria for submission to the Agency of Education (AOE) Secretary, you must use the online form [Rule 4500: Mandated Restraint/Seclusion Documentation Report](#).

### Check appropriate box:

Staff Report to Administrator: Any person who imposes a restraint or seclusion shall report its use to the school administrator as soon as possible, but in no event later than the end of the school day of its use.

Administrator Report to Superintendent: Reports to the Superintendent shall be made within three school days of the incident whenever any of the following criteria are met.

***Note: Learning environments other than public schools shall fulfill this reporting requirement by reporting to the Superintendent of the Supervisory Union/District that is the LEA or sending district for the student. If there is no sending district or LEA, this requirement shall be fulfilled by reporting to the Secretary of the Agency of Education (AOE).***

- a. There is death, injury or hospitalization to staff or student as a result of a restraint or seclusion; or
- b. An individual employee or contracted service provider has engaged in the use of physical restraint or seclusion three (3) separate times on one (1) or more students; or
- c. Physical restraint has been used for more than fifteen (15) minutes; or
- d. Any student has been restrained or secluded three (3) or more times per school year; or
- e. A student has been restrained or secluded more than once in a school day; or
- f. A student is restrained or secluded who is not on a behavioral intervention plan; or
- g. Restraint or seclusion has been used in violation of these rules, including the use of any prohibited form of restraint.

Superintendent Report to AOE Secretary: The Superintendent of the Supervisory Union/District shall report the use of restraint or seclusion to the Secretary of the Agency of Education within three (3) school days of their receipt of the report whenever any of the following are true.

*Note: if you check this box, please do NOT use this paper form. Use the online form [Rule 4500: Mandated Restraint/Seclusion Documentation Report](#). An email copy of your submission will be automatically sent to you, the building administrator, the superintendent, and the AOE.*

- a. There is a death or injury requiring outside medical treatment or hospitalization to staff or student as a result of a restraint or seclusion; or
- b. Physical restraint or seclusion has been used for more than thirty (30) minutes; or
- c. Physical restraint or seclusion has been used in violation of these rules, including the use of any prohibited restraint or seclusion.

**Name of Supervisory Union/Supervisory District:**

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**Name of school where the incident occurred:**

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**Name of Superintendent:** \_\_\_\_\_

**Name of Principal/Head of School:** \_\_\_\_\_

**Name of person submitting this form:** \_\_\_\_\_

**Role:** \_\_\_\_\_

**Which one of the following AOE-recommended physical restraint training program does your school use?** Note: If you do not see your program in the list, please contact [Kate.Anderson@vermont.gov](mailto:Kate.Anderson@vermont.gov).

Crisis Prevention Institute

Handle with Care

Mandt System

NFI Vermont

Safety Care

Therapeutic Crisis Intervention

## Student Details

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Does this student receive Free and Reduced Lunch?      Yes      No

Does the student have any of the following plans in place? Check all that apply.

Individualized Education Program (IEP)

Section 504 Plan

Behavior Intervention Plan (BIP)

Other type of support plan

If "Other," please describe:

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## Definitions

**Physical Restraint** means the use of physical force to prevent an imminent and substantial risk of bodily harm to the student or others. Physical restraint does not include:

- Momentary periods of physical restriction by direct person-to-person contact, accomplished with limited force and designed either to prevent a student from completing an act that would result in potential physical harm to himself/herself or another person; or to remove a disruptive student who is unwilling to leave the area voluntarily;
- The minimum contact necessary to physically escort a student from one place to another;
- Hand-over-hand assistance with feeding or task completion; or
- Techniques prescribed by a qualified medical professional for reason of safety or for therapeutic or medical treatment.

**Seclusion** means the confinement of a student alone in a room or area from which the student is prevented or reasonably believes he or she will be prevented from leaving. Seclusion does not include time-out where a student is not left alone and is under adult supervision, or has chosen to be alone in a space (such as a sensory room) and may leave at will. Seclusion is only permissible under Rule 4500 in cases where restraint is contraindicated for a specific child, or where restraint has not been successful in preventing a child from posing a risk of imminent harm to themselves or others.

## Incident Description

Date incident occurred (MM/DD/YYYY): \_\_\_\_\_

### Times of Restraint/Seclusion(s)

Please note the time(s) that each distinct restraint and/or seclusion began and ended. If more than 30 minutes elapsed between incidents of restraint and/or seclusion, or if there were distinct precipitating events, document as a separate incident.

Time first restraint/seclusion began: \_\_\_\_\_

Time first restraint/seclusion ended: \_\_\_\_\_

Time second restraint/seclusion began: \_\_\_\_\_

Time second restraint/seclusion ended: \_\_\_\_\_

Time third restraint/seclusion began: \_\_\_\_\_

Time third restraint/seclusion ended: \_\_\_\_\_

Time fourth restraint/seclusion began: \_\_\_\_\_

Time fourth restraint/seclusion ended: \_\_\_\_\_

### Location of incident:

Classroom

Hallway

Cafeteria

Playground

Other (Describe: \_\_\_\_\_)

**Precipitating event:** What factors lead up to the student’s escalating behaviors prior to the student posing an imminent risk of harm?

**Reason for restraint/seclusion:** What did the student do that created an imminent risk of substantial physical injury to themselves or others?

**Less restrictive interventions used:** Describe the efforts made to de-escalate the student during the precipitating event and alternatives to restraint/seclusion that were attempted.

**Description of what occurred during the restraint and/or seclusion:**

**Please indicate the form(s) of emergency intervention used:**

Floor Prone Restraint

Standing Restraint

Floor Supine Restraint

Other Restraint

Moving Restraint

Seclusion

Sitting Restraint

**If "Other", please explain.** \_\_\_\_\_

**If supine or prone restraint was used, please describe how student's size or severity of behavior necessitated the use of these most restrictive restraints:**

**If seclusion was used, describe the setting:**

**If seclusion was used, select the reason below:**

Restraint was attempted and was unsuccessful

Restraint is contraindicated for this child

Other

**If "Other", please explain:**

**List of school personnel who administered/monitored the seclusion or restraint:**

Reminder: If restraint is used, at least one staff person must maintain face-to-face contact with child and monitor for signs of distress.

**Staff Member 1**

First and Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School/Agency: \_\_\_\_\_

Trained to administer restraint?

Yes      No

Role in incident:

Administered restraint or seclusion      Monitored only

**Staff Member 2**

First and Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School/Agency: \_\_\_\_\_

Trained to administer restraint:

Yes      No

Role in incident:

Administered restraint or seclusion      Monitored only

**Staff Member 3**

First and Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School/Agency: \_\_\_\_\_

Trained to administer restraint:

Yes      No

**Role in incident:**

Administered restraint or seclusion

Monitored only

**Staff Member 4**

First and Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School/Agency: \_\_\_\_\_

**Trained to administer restraint:**

Yes      No

**Role in incident:**

Administered restraint or seclusion

Monitored only

**Evaluation**

**Name of the person who evaluated the student following the restraint/seclusion.**

Note: The Evaluator should not be any of the individuals who administered the restraint or seclusion, but may be the person who monitored the child for signs of distress.

\_\_\_\_\_

**Title of person who evaluated the student following the restraint/seclusion.**

\_\_\_\_\_

Time student was evaluated: \_\_\_\_\_

**Results of student evaluation (describe any major or minor injuries or marks on the child):**

**Did the restraint or seclusion result in a death or injury requiring outside medical treatment or hospitalization to staff or student?**

Yes      No



If yes, describe:

Time student returned to their typical daily schedule: \_\_\_\_\_

If student did not return to their typical daily schedule please explain:

Was the student monitored for the remainder of the day?

Yes      No

### **Debriefing and Notification**

Date verbal or electronic notification provided to student's family (no later than the end of the school day of the incident): \_\_\_\_\_

Date written notification and description of the incident provided to family with an invitation to debrief the incident (within 24 hours): \_\_\_\_\_

Date on which a staff member debriefed the incident with the student (within two school days of the incident): \_\_\_\_\_

Date on which a debriefing occurred with the staff members involved (within two school days of the incident): \_\_\_\_\_

Date on which the family had an opportunity to participate in a review of the incident (within four school days of the incident): \_\_\_\_\_

Did the family accept the invitation to participate in the review of the incident?

Yes      No

Please describe the outcome of the debriefing meetings with the staff, student, and family.

What are the next steps put in place to prevent this student from requiring an emergency intervention (restraint/seclusion) in the future?

**Additional Information**

If there is any additional information you'd like to record on this form, please include it here.

Type name to sign here. \_\_\_\_\_