

**Glens Falls City School District**  
*Physical Intervention/ Physical Restraint Report*

Student:

DOB:

School: Big Cross Elementary

Grade/Class: 1/1

Date of Incident: 9/15/17

Time of Incident (Length): 2:15pm 7 minutes

Location of Incident: library

Type of Incident:  Physical Intervention  Physical Restraint

Participants in the Intervention/ Restraint:

Observers:

**Description of Events Prior to the Physical Intervention/ Restraint- Including steps taken to De-escalate and the Student's Response/ Reaction:** was in the library sitting on the carpet listening to a story when another student took his putty. kicked when putty was taken, putty was given back. laid on his back, sat between and other student. kicked student in the face. was removed from the group willingly by , he calmed briefly but continued to kick at . moved away and followed her, then he began to bite at her feet. The library staff escorted other students out of the room. attempted redirected with and he began kicking her and kicking a metal book shelf. then ran for the door, when he was unable to go out of the door he began hitting .

**Description of Incident:** placed in a small child restraint. was able to calm and was let go after about 3 minutes. laid on the floor with his feet on the door, school nurse came to check out . sat up when came to the library, he went willingly and happily with her.

**Describe Physical Involvement (be specific):** Use of Small Child, kneeling by on classroom floor.

**Student Reaction/Response to Physical Intervention/Restraint:** calmed during restraint and remained calm when let go.

**Signature of Staff Observing Incident: (Sign and Print name)**

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Nurse's Observational Report:

No redness noted.

Nurse's Signature: \_\_\_\_\_

### FOLLOW UP WITH STUDENT

LSI should be conducted by the staff involved with intervention.

Date of LSI: 9/11/17

Conducted by \_\_\_\_\_

**Describe staff follow up with student:** \_\_\_\_\_ acknowledged he was made because he wanted gummies for snack. \_\_\_\_\_ practiced using his words, saying "I am mad" instead of hitting when he is mad.

Does the student have a current FBA/BIP?:

YES                    NO

If YES- is there a need to modify the FBA/BIP?

YES                    NO

If NO- is there a need to develop an FBA/ BIP?

YES                    NO

Administrator's Signature: \_\_\_\_\_

Parent Guardian Informed: Date: 9/15/17

Time: 3:00pm

Parent Contacted By: \_\_\_\_\_

Parent Comments:

\*\*\*\*\*NOTE- This report MUST be submitted to the Director of Special Education's Office within 24 hours of the restraint. However, IF ANY INJURY OCCURRED TO EITHER STAFF OR STUDENT, the Superintendent, Principal and Director of Special Education must be notified immediately.

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**Glens Falls City School District**  
*Physical Intervention/ Physical Restraint Report*

Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: Big Cross Elementary Grade/Class: 1/1  
Date of Incident: 9/19/17 Time of Incident (Length): 9:00 (5 min.)  
Location of Incident: Classroom  
Type of Incident: \_\_\_\_\_ Physical Intervention  \_\_\_\_\_ Physical Restraint

Participants in the Intervention/ Restraint: \_\_\_\_\_

Observers:

**Description of Events Prior to the Physical Intervention/ Restraint- Including steps taken to De-escalate and the Student's Response/ Reaction:** The class had just come in from a fire drill and were transitioning back to the carpet for morning meeting. \_\_\_\_\_ was asked in a calm, neutral tone to come sit on the rug for morning meeting. \_\_\_\_\_ calmly went over to the sensory table area and found a large wooden piece to the table that was off. He picked it up and began swinging it at \_\_\_\_\_ was able to get the wooden piece away from.

**Description of Incident:** I directed \_\_\_\_\_ to take the other students out and placed \_\_\_\_\_ in a small child, kneeling restraint. \_\_\_\_\_ stayed in the room. \_\_\_\_\_ calmed right away and asked politely for \_\_\_\_\_ to let him go. He remained calm on the bean bag for a few minutes afterward and students returned to continue morning meeting. \_\_\_\_\_ was able to keep calm for the remainder of the time and \_\_\_\_\_ came to pick him up for speech.

**Describe Physical Involvement (be specific):** Use of Small Child, kneeling by \_\_\_\_\_ on classroom floor.

**Student Reaction/Response to Physical Intervention/Restraint:** \_\_\_\_\_ calmed right away and asked for help. He asked to be let go in a polite manner.

**Signature of Staff Observing Incident: (Sign and Print name)**

Nurse's Observational Report:

No redness noted.

Nurse's Signature: \_\_\_\_\_

## FOLLOW UP WITH STUDENT

LSI should be conducted by the staff involved with intervention.

Date of LSI: 9/19/17

Conducted by:

**Describe staff follow up with student:** acknowledged he was mad because he wanted the pizza. We discussed having safe hands and body.

Does the student have a current FBA/BIP?:	YES	NO
If YES- is there a need to modify the FBA/BIP?	YES	NO
If NO- is there a need to develop an FBA/ BIP? FBA/BIP in process.	YES	NO, currently an

Administrator's Signature: \_\_\_\_\_

Parent Guardian Informed: Date: 9/19/17 Time: 10:26 AM

Parent Contacted By.

Parent Comments: Mom said was excited to go to school this morning. He woke up early and wanted her to drop him off at 7:00 AM. She hopes the rest of his day will go well.

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**Glens Falls City School District**  
*Physical Intervention/ Physical Restraint Report*

Student:

DOB:

School: Big Cross Elementary

Grade/Class: 1/1

Date of Incident: 9/19/17

Time of Incident (Length): 11:00-11:45

Location of Incident: Classroom

Type of Incident:  Physical Intervention  Physical Restraint

Participants in the Intervention/ Restraint:

Observers:

**Description of Events Prior to the Physical Intervention/ Restraint- Including steps taken to De-escalate and the Student's Response/ Reaction:** The class was transitioning to work centers after story took a stuffed animal from a peer and went over to the mat and laid down with it. The peer was crying. attempted to get the toy back, but began kicking. redirected the other peer and used the technique of planned ignoring with Student's began working and encouraged to join. refused and grabbed toys and began to play. ignored for a few minutes while working with others. Several students left the room for services and went over to encourage to work and removed the toys from his area. became very angry. hit, kicked, and threw object switched places with , but continued to hit, kick and look for items to throw.

**Description of Incident:** The other students were removed from the room. placed in a small child restraint and held his legs. spit several times and fought the hold. After 4 minutes, calmed and was let up. began to target . switched out with . arrived and began hitting, spitting, kicking and looking for objects to throw. placed in a small child hold. fought the hold and was spitting. was let up from the hold since it was not working. switched out with . attempted to redirect He got into the bathroom and sprayed water everywhere, getting them all wet. This brought him out of the aggressive mode and began to calm. They went to get dry clothes from the nurse.

**Describe Physical Involvement (be specific):** Use of Small Child, seated by on classroom floor. Use of Small Child, seated by on classroom floor. Use of Small Child, seated by on classroom floor.

**Student Reaction/Response to Physical Intervention/Restraint:** fought restraint and spit at staff.

**Signature of Staff Observing Incident: (Sign and Print name)**

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Nurse's Observational Report:

No redness noted.

Nurse's Signature: \_\_\_\_\_

**FOLLOW UP WITH STUDENT**

LSI should be conducted by the staff involved with intervention.

Date of LSI: 9/19/17

Conducted by..

**Describe staff follow up with student:** We discussed having safe hands and body.

Does the student have a current FBA/BIP?:

YES

If YES- is there a need to modify the FBA/BIP?

Just put into practice, needs time

If NO- is there a need to develop an FBA/ BIP?

NO, currently an FBA/BIP in

process.

Administrator's Signature: \_\_\_\_\_

Parent Guardian Informed: Date: 9/19/17

Time: 2:33 PM

Parent Contacted By: \_\_\_\_\_

Parent Comments: left message

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**Glens Falls City School District**  
*Physical Intervention/ Physical Restraint Report*

Student:

School: Big Cross Elementary

DOB

Date of Incident: 11/15/17  
restraint(3 min)

Grade/Class: 1/1

Time of Incident (Length): 8:00 (20 min.)

Location of Incident: classroom

Type of Incident:  Physical Intervention  Physical Restraint

Participants in the Intervention/ Restraint.

Observers:

**Description of Events Prior to the Physical Intervention/ Restraint- Including steps taken to De-escalate and the Student's Response/ Reaction:** arrived to school and would not enter the classroom. He insisted on going to office to take a Ninja Turtle stuffed animal. The day before gave him a Ninja Turtle of his own to take home. took off down the hall on his own to office. followed.

got the Ninja Turtle bag and asked to take it out and just give it a hug. I explained that it was meant for another child and if he gave it a hug he would have to put it right back in. She also told him that he could bring his back to school and switch it out if he wanted to would not leave office without the turtle, so brought it back to the classroom to help him transition. When it was time to give the turtle back and begin the morning routine became very aggressive. He hit and kicked both and repeatedly and called them "stupid." continued to scream and yell and go after Mrs. Seymour.

**Description of Incident:** I placed Josh in a small child restraint. helped with legs. screamed and fought the restraint, and continued to spit on . reminded that we were keeping him safe and when he was calm we could let go. stopped yelling, but continued to wiggle. slowly let him up.

**Describe Physical Involvement (be specific):** Use of Small Child, kneeling by on classroom floor.

**Student Reaction/Response to Physical Intervention/Restraint:** did not fully calm with the restraint. He screamed, squirmed and spit to get out.

**Signature of Staff Observing Incident: (Sign and Print name)**

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Nurse's Observational Report:

No redness noted.

Nurse's Signature: \_\_\_\_\_

### **FOLLOW UP WITH STUDENT**

LSI should be conducted by the staff involved with intervention.

Date of LSI: 11/16/17      Conducted by: \_\_\_\_\_

**Describe staff follow up with student:** Student was unable to practice new coping skills, became escalate, but was able to identify getting water and playing with playdoh to help when he is mad.

Does the student have a current FBA/BIP?:

**YES**                  **NO**

If YES- is there a need to modify the FBA/BIP?

**YES**                  **NO**

If NO- is there a need to develop an FBA/ BIP?

**YES**                  **NO**

Administrator's Signature: \_\_\_\_\_

Parent/Guardian Informed: Date: \_\_\_\_\_

Time: \_\_\_\_\_

Parent Contacted By \_\_\_\_\_

Parent Comments:

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**Glens Falls City School District**  
*Physical Intervention/ Physical Restraint Report*

Student:

DOI

School: Big Cross Elementary

Grade/Class: 1

Date of Incident: 12/7/17

Time of Incident (Length): 12:30-1:1:20 (hold 3 min)

Location of Incident: Classroom

Type of Incident:  Physical Intervention  Physical Restraint

Participants in the Intervention/ Restraint:

Observers:

**Description of Events Prior to the Physical Intervention/ Restraint- Including steps taken to De-escalate and the Student's Response/ Reaction:**

**Description of Incident:** Students were doing sensory play at the tables after lunch. went over to the window and began to take the shade string and play with it, wrapping it around his body and pulling on it. He was redirected back to table. He pushed staff and continued to go after string. Staff moved string out of his reach and he began to push, hit, kick, and spit.

It was time for him to go to speech and ] tried redirecting him to her office. He held her hand up the stairs, but then began hitting and spitting at her. He took off running around the building. and followed him for a while. He refused to go back to the classroom and was very disruptive in the hallway. joined them in trying to encourage him to come back to class. continued to run around the building in his socks. He had kicked his shoes off. found him down in the basement and then ] met them at the top of the stairs. continued to be disruptive in the hallway. and helped him back to the classroom.

Once in the classroom, began hitting, kicking and spitting, grabbing and scratching at staff. Other students were removed from the room.

Physical hold was used. did not calm and was let go. He continued to kick, hit, spit, and bite all three staff. He threw the garbage can and threw other objects (ex. milk carton, clay, puzzle pieces, and books) around the room.

Mom was called to come pick up. continued to go after staff and began to tear things off walls, swipe objects off tables, and throw objects at staff.

**Describe Physical Involvement (be specific):** Use of Small Child, seated by \_\_\_\_\_ and (legs) on classroom floor.

**Student Reaction/Response to Physical Intervention/Restraint:** \_\_\_\_\_ fought the restraint and spit at staff. \_\_\_\_\_ tried to bite staff during the restraint and was screaming. He did not calm. Staff let go since it was not working and he continued to hit, bite, kick, and spit all three staff.

**Signature of Staff Observing Incident: (Sign and Print name)**

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Nurse's Observational Report:

No redness noted.

Nurse's Signature: \_\_\_\_\_

#### **FOLLOW UP WITH STUDENT**

LSI should be conducted by the staff involved with intervention.

Date of LSI: 12/7/17

Conducted by: \_\_\_\_\_

**Describe staff follow up with student:** We discussed having safe hands and body. \_\_\_\_\_ picked up some of the room.

Does the student have a current FBA/BIP?: YES

If YES- is there a need to modify the FBA/BIP? NO

If NO- is there a need to develop an FBA/ BIP? NO

Administrator's Signature: \_\_\_\_\_

Parent/Guardian Informed: Date: 12/7/17 Time: 1:25 PM

Parent Contacted By: \_\_\_\_\_

Parent Comments: Mom apologized \_\_\_\_\_ behavior and directed him to pick up the mess.

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**Glens Falls City School District**  
*Physical Intervention/ Physical Restraint Report*

Student:

DOI

School: Big Cross Elementary

Grade/Class: 1/I

Date of Incident: 12/14/17

Time of Incident (Length): 9:05 (hold 4 min)

Location of Incident: Classroom

Type of Incident:  Physical Intervention  Physical Restraint

Participants in the Intervention/ Restraint:

Observers:

**Description of Events Prior to the Physical Intervention/ Restraint- Including steps taken to De-escalate and the Student's Response/ Reaction:**

**Description of Incident:** Students were participating in morning meeting. was finishing up an art project. He was directed to put it in his cubby and join the group. He put it in his cubby then grabbed a book and started looking at it. was told he could keep the book next to him, but must complete his calendar work before looking at it. began to cry and scream. This behavior was ignored and every so often he was reminded of his task. Other students were praised for completing their calendars. continued to lay on the floor and cry (in total 15 minutes). He began to folder up the laminated calendar folder and bite it. This behavior was ignored and other students were praised and transitioned to centers. continued to bite and hit his calendar folder. He then began to bend books and throw them. was reminded to respect the property. then began to tear things off the wall. This was ignored. He then began reading a book. was reminded that he needed to complete his calendar work before earning the preferred book. began to spit at staff and hit and kick. shoes were removed. He continued to try to destroy books. told that wasn't okay behavior and if he was angry he could sit in the calm space gave several suggestions calmly before telling him he would need to go to the calm space or she would assist him. counted to three and continued to spit and physically attack assisted over to the calm space in the classroom.

Once over in the calm space, continued hitting, kicking, spitting, grabbing and scratching at staff. Other students were removed from the room.

Physical hold was used. did not calm and was let go. He continued to come after staff as if he were a cat (scratching at them and attempting to bite them). He was biting and scratching their boots.

came in and tried distracting [redacted] with a new jacket and Spiderman hat. He began to de-escalate. [redacted] hid under [redacted] desk and found a large roll of bubble wrap. This distracted him and he began to pop it. [redacted] had him bring it out from under the desk and he complied. [redacted] played with the bubble wrap for a while to calm and then after a timer was set he agreed to complete calendar and earn more bubble wrap.

**Describe Physical Involvement (be specific):** Use of Small Child, seated by [redacted] and [redacted] (legs) on classroom floor.

**Student Reaction/Response to Physical Intervention/Restraint:** [redacted] calmed his body, but yelled and spit at staff. He did not remain completely calm and began to kick. Staff let go since it was not working and he acted like a cat and scratched staff and bit and scratched at their boots and attempted to bite their legs. Staff moved away, but he continued to go after them.

**Signature of Staff Observing Incident: (Sign and Print name)**

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Nurse's Observational Report:

No redness noted.

Nurse's Signature: \_\_\_\_\_

#### FOLLOW UP WITH STUDENT

LSI should be conducted by the staff involved with intervention.

Date of LSI: 12/14/17

Conducted by: \_\_\_\_\_

**Describe staff follow up with student:** We discussed having safe hands and body. practiced going to the blue mat to calm when he feels angry.

Does the student have a current FBA/BIP?: YES

If YES- is there a need to modify the FBA/BIP? NO

If NO- is there a need to develop an FBA/ BIP? NO

Administrator's Signature: \_\_\_\_\_

Parent/Guardian Informed: Date: 12/14/17

Time: 11:10 AM

Parent Contacted By \_\_\_\_\_

Parent Comments: Mom was glad to hear that [redacted] had turned it around.

Glens Falls City School District

Critical Incident Report

RECEIVED SEP 13 2017

Student \_\_\_\_\_ DOB: \_\_\_\_\_

School: Jackson Heights Grade/Class: 3

Date/Time of Incident: 9/11/17 Length of Incident: 1 minute

Setting of Incident: Jackson Heights School

Type of Incident:

Physical Aggression/Violence

Verbal Aggression/Violence

Damage to property

Escaping/Running

Other

Type of physical intervention/restraint (if applicable):

Protective Intervention

Standing restraint

Seated Restraint

Small Child Restraint

Supine Restraint

Other Assisted child into building

Participants in the Intervention/Restraint: \_\_\_\_\_

Witnesses: \_\_\_\_\_

(Physical Education Teacher)

Trigger: Transitioning to school; separating from Mom

Description of Incident (be specific): Upon arriving to school in his Mother's vehicle with keys in admission/ When he exited car he ran away from Parent and staff.

De-escalation Techniques:

Manage the environment

Prompting

Caring gesture

Hurdle help

Redirection

Proximity

Directive statements

Time away

Nurse's Observational Report:

NO signs of redness or bruising  
student denies any pain

Follow up with Student

Date of completed Life Space Interview (LSI): 9/11/17

Staff member involved in completion of LSI with the student: \_\_\_\_\_

Alternative behaviors discussed and practiced with the student: Focused on safety; identified feelings associated with the need to escape school setting; emphasized role of staff to keep him safe

- Developing alternative plan with parents and providers to better manage the environment and lessen stressors

Does the student have a current FBA/BIP?  Yes  No

If yes - is there a need to modify the FBA/BIP?  Yes  No

If no - is there a need to develop an FBA/BIP?  Yes  No

Does the student have a current Individual Crisis Management Plan(ICMP)?  Yes  No

If yes - does the ICMP need to be modified?  Yes  No

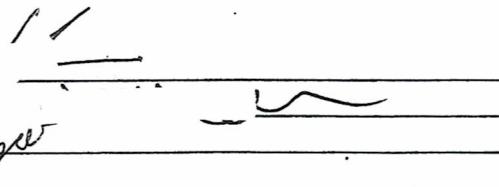
If no - does the student need an ICMP?  Yes  No

Parent/guardian contact:

Date: 9/11/17 Time: 9:30 AM Contacted

Parent Comments: Involved in developing new plan for morning transition

Signature of staff observing incident: (Print and sign name)



Nurse's Signature: JKH

Principal's Signature: Curr

NOTE: This report MUST be submitted to the Superintendent's and Director of Special Education's office within 24 hours of the restraint. However, IF ANY INJURY OCCURRED TO EITHER STAFF OR STUDENT, the Superintendent and Director of Special Education must be notified immediately.

Glens Falls City School District  
*Physical Intervention/Physical Restraint Report*

Student

DOB:

School: Kensington

Grade/Class: 2<sup>nd</sup>

Date of Incident: 2/27/18

Time of Incident (length):

Location of Incident:

Type of Incident:  Physical Intervention



Physical Restraint

Participants in the Intervention/Restraint:

Observers:

Description of Events Prior to the Physical Intervention/Restraint – Including steps taken to

De-escalate and the Student's Response/Reaction: Did not eat lunch & would not speak to anyone because he thought he was attending group counseling but it was not his day. Tried to turn it around in class but could not. Was brought to office by [redacted] & we called mom. Mom would not talk to mom, so he stayed in office to cool down.

Description of Incident: Began by hiding under a chair for approximately 15 minutes. Started pushing other chairs in room. Threw a chair at [redacted]. Said he was going to punch [redacted] in the face. Began to turn over table in room and throw it at [redacted]. Put in restraint to prevent harming self or others.

Describe Physical Involvement (be specific): Child restraint, [redacted] entered the room and was asked to help restrain legs.

Student Reaction/Response to Physical Intervention/Restraint: became upset and cried

Signature of Staff using the Physical Intervention/Restraint: (sign and print name)

[Signature]

Signature of Staff Observing Incident: (sign and print name)

[Signature]

Nurse's Observational Report: [redacted] Addressed or bruising noted Denies pain

Nurse's Signature: [Signature]

## FOLLOW UP WITH STUDENT

LSI should be conducted by the staff involved with intervention.

Date of LSI: 2/28/14

Conducted By:

Describe Staff Follow Up with Student:

Does the student have a current FBA/BIP?: YES

NO

If YES - is there a need to modify the FBA/BIP? YES

NO

If NO - is there a need to develop an FBA/BIP? YES

NO

Administrator's Signature:

Parent/Guardian Informed: Date:

Time:

Parent Contacted By:

Parent Comments:

\*\*\*\*\*NOTE - This report MUST be submitted to the Director of Special Education's Office within 24 hours of the restraint. However, IF ANY INJURY OCCURRED TO EITHER STAFF OR STUDENT, the Superintendent, Principal and Director of Special Education must be notified immediately.

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Glens Falls City School District  
*Physical Intervention/Physical Restraint Report*

Student:

School: Kensington

Date of Incident: 12/11/17

DOB:

Grade/Class: 2/15/11

Time of Incident (length):

2:06 - 2:10 / 2:13 - 2:15

Location of Incident:

Type of Incident:  Physical Intervention  Physical Restraint

Participants in the Intervention/Restraint:

Observers:

Description of Events Prior to the Physical Intervention/Restraint – Including steps taken to

De-escalate and the Student's Response/Reaction:

- Proximity
- Choice
- Ignore
- Hurdle help
- caring gesture

Description of Incident: Angry he couldn't wear snow pants b/c he didn't have snow boots, did our best to intervene using above de-escalation strategies, he escalated quickly students were removed restraint was performed because environment became unsafe for student and staff.

Describe Physical Involvement (be specific):  
small child with legs

Student Reaction/Response to Physical Intervention/Restraint:

Signature of Staff using the Physical Intervention/Restraint: (sign and print name)

Signature of Staff Observing Incident: (sign and print name)

Nurse's Observational Report: Redness noted. denies  
no pain

Nurse's Signature:

## FOLLOW UP WITH STUDENT

LSI should be conducted by the staff involved with intervention.

Date of LSI: 12/11/17

Conducted By \_\_\_\_\_

Describe Staff Follow Up with Student: Attempted LSI on 12/11 Student was non compliant. only would respond with head nods.

Does the student have a current FBA/BIP?: YES

NO

If YES - is there a need to modify the FBA/BIP? YES

NO

If NO - is there a need to develop an FBA/BIP? YES

NO

Administrator's Signature:

Parent/Guardian Informed: Date: 12/11/17

Time: 2:16

Parent Contacted By: \_\_\_\_\_

Parent Comments: Parent reports this occurs at home.  
Cited ECS psychological report.

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**Glens Falls City School District**  
*Physical Intervention/ Physical Restraint Report*

Student:

DOB

School: Kensington Road School

Grade/Class: 1<sup>st</sup>

Date of Incident: 1/25/18

Time of Incident (Length): 30 minutes

Location of Incident: Office

Type of Incident:  Physical Intervention  Physical Restraint

Participants in the Intervention/ Restraint:

Observers:

Description of Events Prior to the Physical Intervention/ Restraint- Including steps taken to De-escalate and the Student's Response/ Reaction: \_\_\_\_\_ was unsafe during the end of Social Studies (running in the hallway, yelling). \_\_\_\_\_ had to carry him to bring into the room. Knocked over several chairs and started jumping on tables in classroom. Directed him to get down. He jumped down and began to throw extra boots/snow pants/winter gear on the floor. Directed him to stop or else he would be removed from the room.

Description of Incident: Called \_\_\_\_\_ to help intervene. Attempted to bring him into the Conference Room, but it was in use. Brought him to \_\_\_\_\_ office. He hit, spit on the floor and us, scratched me, pulled dry erase board off wall and attempted to pull the posters off the wall. He began to scream and swear at us. We directed him to sit against the wall. He refused and continued to yell and hit, and began banging his head against the floor. We held him on the floor directing him to have a calm body, but he continued. \_\_\_\_\_ arrived in the office, but his behavior continued.

Describe Physical Involvement (be specific): Use of Seated Restraint against office wall.

Student Reaction/Response to Physical Intervention/Restraint: \_\_\_\_\_ yelled/screamed for about 15 minutes. I told him that once he had a calm body, we would let him go. He continued to scream for about 5 more minutes before he was able to comply with our directions (calm body and sat against the wall).

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Signature of Staff Observing Incident: (Sign and Print name)

JENNIFER WILSON

Nurse's Observational Report:

No redness noted Denies any  
body pain.

Nurse's Signature: J. Wilson

#### FOLLOW UP WITH STUDENT

LSI should be conducted by the staff involved with intervention.

Date of LSI: 1/25/18

Conducted by.

Talked about how he was feeling in Social Studies (sad because it was too loud), what he did ("acted bad"), and that he got a consequence of losing Recess and Prize Box because of his choice. Made a plan of what to do if it happened again (asking for headphones) and practiced with him.

Does the student have a current FBA/BIP?:

YES

NO

If YES- is there a need to modify the FBA/BIP?

YES

NO

If NO- is there a need to develop an FBA/ BIP?

YES

NO

Administrator's Signature: J. Wilson

Parent/Guardian Informed: J. Wilson Date: 1/25/18

Time: 3:00

Parent Contacted By \_\_\_\_\_

Parent Comments: Spoke with \_\_\_\_\_ . She reported that they are seeing similar behaviors at home. \_\_\_\_\_ is engaging in the same behaviors that we are seeing at school, as well as becoming very aggressive with his younger brother and trying to make himself vomit by sticking his fingers down his throat. \_\_\_\_\_ said she has reached out to Four Winds, and is waiting to see if he can be admitted.

\*\*\*\*\*NOTE- This report MUST be submitted to the Director of Special Education's Office within 24 hours of the restraint. However, IF ANY INJURY OCCURRED TO EITHER STAFF OR STUDENT, the Superintendent, Principal and Director of Special Education must be notified immediately.

Copy 1- Director of Special Education/ Student Department File

Copy 2- Principal/ Student Office File

**Glens Falls City School District**  
*Physical Intervention/ Physical Restraint Report*

Student:

DOB:

School: Kensington Road School

Grade/Class: 1/1

Date of Incident: 10/11/17

Time of Incident (Length): 3 minutes

Location of Incident: Classroom

Type of Incident:  Physical Intervention  Physical Restraint

Participants in the Intervention/ Restraint:

Observers

Description of Events Prior to the Physical Intervention/ Restraint- Including steps taken to De-escalate and the Student's Response/ Reaction: \_\_\_\_\_ was unsafe coming in from recess (running in the hallway, bumping into and hitting other students, yelling) \_\_\_\_\_ had to hold on to him to bring into the room. Directed \_\_\_\_\_ to go to bean bags to take a break but he tried to leave the room. Stood in front of the door and he tried to hit/kick me. Used a Small Child hold.

Description of Incident: Continued to direct him to go to the bean bag area but he still tried to hit/kick me when I let him go (repeated three times). Directed staff to call \_\_\_\_\_ attempted to charge/run into me in front of the door. I caught him and put him into a Seated Small Child Restraint until \_\_\_\_\_ arrived.

Describe Physical Involvement (be specific): Use of Seated Small Child Restraint against classroom wall.

Student Reaction/Response to Physical Intervention/Restraint: Liam saw \_\_\_\_\_ and then asked to go to the bean bag area with her. I let him go and he immediately went there with her to take a break.

Signature of Staff Observing Incident: (Sign and Print name)

Nurse's Observational Report:

Denies any go pain or discomfort.

Nurse's Signature:

#### FOLLOW UP WITH STUDENT

LSI should be conducted by the staff involved with intervention.

Date of LSI: 10/12/17

Conducted by:

Talked about how he was feeling and what an appropriate choice he could do the next time he was feeling that way (asking to take a break on the bean bags when feeling upset).

Does the student have a current FBA/BIP?:

YES

If YES- is there a need to modify the FBA/BIP?

YES

If NO- is there a need to develop an FBA/ BIP?

NO

NO

Administrator's Signature:

Parent Guardian Informed: Date: 10/11/17

Time: 3:30

Parent Contacted By:

Parent Comments: Mom said this is a common occurrence with him and that it is something the are working on with him. I told her that we would be working on it here in school as well.

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