

PROCEDURE 3246P (USE OF REASONABLE FORCE) - EXHIBIT A - DISTRICT INCIDENT REPORT

Keep original and scan PDF to Lisa Zettle at [zettle@bsd405.org](mailto:zettle@bsd405.org)

Write N/A when not applicable

School Name: \_\_\_\_\_

Choose one: IEP  
504

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

Advanced Learner  
Gen Ed

SCHOOL YEAR: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Name of Administrator notified: \_\_\_\_\_

Time/date: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Time Admin. Notified: \_\_\_\_\_

<input type="checkbox"/> Physical Restraint or Physical Escort  <b>Date of incident:</b> _____ <u>*Required - Start time of restraint/physical escort:</u> <u>*Required - End time of restraint/physical escort:</u>  <b>Check only one box below</b> <input type="checkbox"/> 1+ person restraint <input type="checkbox"/> 2+ person floor restraint <input type="checkbox"/> 2+ person seated restraint <input type="checkbox"/> 2+ person standing restraint <input type="checkbox"/> 2+ person wall restraint <input type="checkbox"/> Handcuffs (by law enforcement) <input type="checkbox"/> Other restraint Physical escort	<input type="checkbox"/> Isolation/place of isolation  <b>Date of incident:</b> _____ <u>*Required - Time in:</u> _____ <u>*Required - Time out:</u> _____  <b>Check only one box below</b> <input type="checkbox"/> Bus/Car/Other Vehicle <input type="checkbox"/> Classroom <input type="checkbox"/> Closet/locker room <input type="checkbox"/> Other non-classroom <input type="checkbox"/> Non-office small space <input type="checkbox"/> Designated isolation room <input type="checkbox"/> Office including nurse/counselor/main office <input type="checkbox"/> Other isolation place
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Name and position of person (s) administrating isolation or restraint (e.g., Joe Smith – Special Ed Teacher):

Description and location of activity that led to restraint or isolation - Physical space (classroom/hallway, etc.):

Name of staff notifying parent(s)/guardian(s): \_\_\_\_\_

Date & Time Parent(s)/guardian(s) were notified: \_\_\_\_\_

Parent notified by (circle one):    phone    in person    email    letter

Physical injury to student during intervention?     YES     NO

If yes, describe injury and medical care provided:

Physical injury to staff during intervention?     YES     NO

Numbers of staff injured during intervention:   

Recommendation(s) for changing nature or amount of resources available to avoid similar incidents?

YES     NO

If yes, describe recommendation(s):