

**Colorado Springs School District 11  
USE OF RESTRAINT REPORT (JKA-E-2)**

**(To be completed by the employee(s) involved in the restraint and  
the principal at the location where the restraint took place)**

Name(s) of student involved: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Date and time of incident: \_\_\_\_\_ Special education student: Y\_\_ N\_\_ 504 student: Y\_\_ N\_\_

Location of incident: \_\_\_\_\_

Name(s) and job title(s) of person(s) present and involved in administering the restraint: \_\_\_\_\_

\_\_\_\_\_

Type of restraint used:

Physical Restraint: \_\_\_\_\_ Mechanical Restraint: \_\_\_\_\_\* Seclusion: \_\_\_\_\_

Physical or mechanical restraint techniques used and seclusion procedures followed: \_\_\_\_\_

\_\_\_\_\_

Description of situation leading up to restraint being used (including antecedents to the student's behavior, if known) and how the restraint was used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check one:

Less restrictive alternatives were attempted. (Describe the preventative or alternatives techniques attempted and other efforts made to de-escalate the student): \_\_\_\_\_

\_\_\_\_\_

or

A determination was made that less restrictive alternatives would be ineffective or inappropriate under the circumstances. Explain: \_\_\_\_\_

\_\_\_\_\_

Duration of Restraint (including frequency or duration of any relief periods): \_\_\_\_\_

\_\_\_\_\_

Description of student's behavior following the restraint: \_\_\_\_\_

\_\_\_\_\_

Location where the restraint took place:

classroom       cafeteria       outside       office  
 hallway       restroom       other

Description of noise levels at the time the restraint took place:

high       medium       low

\*Mechanical restraints may be used only by armed security officers in limited circumstances.

Description of student seating arrangements at the time the restraint took place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any injuries reported: \_\_\_\_\_  
\_\_\_\_\_

Print name of person completing report \_\_\_\_\_ Job Title \_\_\_\_\_

Signature of person completing report \_\_\_\_\_ Date signed \_\_\_\_\_

**For Principal's Use**

Name of principal notified: \_\_\_\_\_

Date and time notified: \_\_\_\_\_

Name(s) of parent(s) notified: \_\_\_\_\_

Date and time notified orally: \_\_\_\_\_ Date written report sent: \_\_\_\_\_

Principal's review of use of restraint:

Staff review of incident (date: \_\_\_\_\_) Follow up communication with student and family (date: \_\_\_\_\_)

Describe environment during restraint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review of documentation (date: \_\_\_\_\_)

Recommendation for adjustment of procedures: Y\_\_\_ N\_\_\_ If "yes," attach written description of action taken.

Signature of person completing report: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Please provide copies of this completed form to the District's Deputy Superintendent of Personnel Services, the Executive Director of Special Education, and the Director of Risk Related Activities.**