

## District Oversight Committee: Restrictive Procedures Hastings Public Schools

Student Name:

Date:

1. Building where physical restraint was used:
2. Were all required procedures and practices followed correctly? \_\_\_\_yes\_\_\_\_no If no, please document on reverse side.
3. Based on the review of the Post-Use Debriefing Form(s), are there any patterns or problems indicated by (indicate *yes* or *no* next to each area):
  - Time of day?
  - Day of the week?
  - Duration or use of the restrictive procedure?
  - The individuals involved?
4. Total number of times a restrictive procedure has been used for this student during this school year (including this incident): \_\_\_\_\_
5. Number of restrictive procedures used school-wide to date (including this incident): \_\_\_\_\_
6. Based on the review of the Post-Use Debriefing Form and information indicated above, list any recommendations or changes needed, additional training, or other actions that should occur at the building level:
  
7. Based on the review of the Post-Use Debriefing Form and information indicated above, list any recommendations or changes needed, additional training, or other actions that should occur at the district level:
  
8. Person(s) responsible for the above recommendations:
  
9. Signatures of staff participating in the oversight: