



## Rule 4500: Mandated Restraint/Seclusion Documentation Report

### Purpose

[Vermont Board of Education Rule 4500](#) requires that any person who imposes a restraint or seclusion on a student shall report its use to the school administrator as soon as possible. If the incident meets additional criteria outlined in the Rule, the school administrator must report it to the Superintendent. If the incident meets any of the three criteria outlined below, the Superintendent must report it to the Vermont Agency of Education (AOE). This digital form must be used by Superintendents reporting an incident to the AOE.

If you have questions about completing this report, please contact Kate Anderson at [Kate.Anderson@vermont.gov](mailto:Kate.Anderson@vermont.gov).

### Directions for Save and Resume Option

Click on "Save" at the end of the form. A pop-up screen will appear with the option of, "Email me my link". Click on "Send". An email will be sent with the option "Resume Now" which will allow you to go back to the form to finish entering your data. Finish entering your data then click on "Submit". A confirmation email will be sent along with a PDF of your submission.

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:

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

### Which of the following criteria is the reason for submitting this report to the AOE?

- There is death, injury requiring outside medical treatment or hospitalization to staff or student as a result of a restraint or seclusion; or
- Physical restraint or seclusion has been used for more than thirty (30) minutes; or
- 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**

**Name of Superintendent**

**Email**

**Name of Principal**

**Email**

**Name of person submitting this form:**

**Role:**

**Email**

**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

None of the above

**Please explain what is the other type of support plan, if applicable.**

**Name of student's Supervisory Union or District:**

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

**Name of the student's school or program.**

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.

- Crisis Prevention Institute
- Handle with Care
- Mandt System
- NFI Vermont
- Safety Care
- Therapeutic Crisis Intervention

## 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.

Date incident occurred (MM/DD/YYYY)

**Note for times: If more than 30 minutes elapsed between incidents of restraint and/or seclusion, or if there were distinct precipitating events, please complete a separate Rule 4500 report form for each incident.**

## Time of Restraint/Seclusion(s)

Times: 1

Time restraint/seclusion began:

Time restraint/seclusion ended:

**Location of incident:**

- Classroom
- Hallway
- Cafeteria
- Playground
- Other

**Please explain what "Other Location of Incident" is:**

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

**Precipitating Event**

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

**Reason for restraint/seclusion**

**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.**

**Less restrictive interventions used:**

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

- Escort/Moving Restraint
- Floor Prone Restraint
- Floor Supine Restraint
- Sitting Restraint
- Standing Restraint
- Other Restraint
- Seclusion

**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:**

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

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

Personnel 1	
First and Last Name:	Position/Title:

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**School/Agency (if different from school where incident occurred):**

**Trained to administer restraint:**

Yes  No

**If restraint was used at any time, identify the school staff person(s) who maintained face-to-face contact with child and monitored for signs of distress:**

**First and Last Name:**

**Position/Title:**

**School/Agency:**

**Trained to administer restraint:**

Yes  No

**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, please describe:**

**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):**

**Time student returned to their typical daily schedule. (Type "N/A" if it's not applicable.):**

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

**Was the student monitored for the remainder of the day?**

Yes  No

**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 & 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?**

**Signature from the person filling out this form.**