

RESTRAINT AND SECLUSION

Process Guide

Office of Teaching and Learning
Division of Early Intervention and Special Education Services

Office of Organizational Effectiveness
Division of Student Support, Academic Enrichment, and Educational Policy

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MARYLAND STATE DEPARTMENT OF EDUCATION

Mohammed Choudhury

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Introduction

In 2022, the Maryland General Assembly enacted House Bill 1255 Physical Restraint and Seclusion – Limitations, Reporting, and Training (2022 Md. Laws, Chap. 31). In general, the bill:

1. Bans the use of seclusion in local education agencies (LEAs) and public agencies (PAs);
2. Places strict requirements around the use of seclusion in nonpublic special education schools (nonpublic schools);
3. Requires each school to notify the LEA and Maryland State Department of Education (MSDE) within four business days when a student is restrained and/or secluded 10 or more times in a given school year;
4. Requires the LEA to assess and provide behavioral intervention recommendations to the public or nonpublic school upon notification;
5. Requires the LEA/PA to develop a corrective action plan if a system reports 10 or more incidents for a student or if the LEA/PA fails to comply with the requirements of the law; and
6. Strengthens the collection of restraint and seclusion data tracking and reporting.
7. The MSDE developed this Restraint and Seclusion: Process Guide to provide LEAs, PAs, and nonpublic schools with processes to support the navigation and requirements of the new statute, which became effective July 1, 2022.

The Process Guide provides timelines, forms, and other information to support LEAs, PAs, and nonpublic schools in fulfilling the requirements of Education Article § 7-1101 *et seq.*, as amended by Chapter 31 of 2022. The three stages of the processes are:

- Restraint or Seclusion Single Incident (See Appendix A for Exemplar)
- Excessive Use (10 Incidents) of Restraint and/or Seclusion (See Appendix B for Exemplar)
 - Part One: Notification of 10 Incidents of Restraint and/or Seclusion
 - Part Two: Student and School Level Review with Recommendations
- Corrective Action

Each stage is summarized and described in detail in the next section with forms that have been developed for each stage.

Stages of Restraint and/or Seclusion* Process Reports

*Seclusion is only allowed in a nonpublic special education school

	RESTRAINT OR SECLUSION SINGLE INCIDENT REPORT	EXCESSIVE (10 INCIDENTS) USE OF RESTRAINT AND/OR SECLUSION REPORT		CORRECTIVE ACTION REPORT
		Part One: Notification of 10 Incidents of Restraint and/or Seclusion	Part Two: Student and School Level Review with Recommendations	
Purpose	Document the individual restraint/seclusion incident, including the team debrief with next steps to support the student	Document and notify the Local Education Agency (LEA) and MSDE of every 10 th restraint and/or seclusion incident for an individual student.	Document the review of the student’s case, assessment of the school’s behavioral health interventions, and provide recommendations.	Document a systemic, evidenced-based corrective action to address either: failure to comply with the statute or the excessive use of restraint and/or seclusion.
Timeline and Deadlines	Documentation should occur as soon as possible after the incident. The school must notify parents in writing or orally of the use of restraint or seclusion within 24 hours of the incident.	The <i>Excessive (10 Incidents) Use of Restraint and/or Seclusion Report</i> consisting of Part One and Part Two must be completed within 14 business days of the 10th incident.		Within 30 business days of submission of the <i>Student and School Level Review with Recommendations</i> document to the school.
		Documentation must be provided within four business days of the 10th incident of restraint and/or seclusion, and every following 10th incident (e.g., 20th, ...)	Documentation must be provided within 10 business days of LEA/MSDE receipt of Notification of submission of <i>Excessive (10 Incidents) Use of Restraint and/or Seclusion Notification Document</i>	
Required Form	Restraint and/or Seclusion Single Incident	<i>Excessive (10 Incidents) Use of Restraint and/or Seclusion Part One: Notification of 10 Incidents of Restraint and/or Seclusion</i>	<i>Excessive (10 Incidents) Use of Restraint and/or Seclusion Part Two: Student and School Level Review with Recommendations</i>	Corrective Action

	RESTRAINT OR SECLUSION SINGLE INCIDENT REPORT	EXCESSIVE (10 INCIDENTS) USE OF RESTRAINT AND/OR SECLUSION REPORT		CORRECTIVE ACTION REPORT
		Part One: Notification of 10 Incidents of Restraint and/or Seclusion	Part Two: Student and School Level Review with Recommendations	
Personnel responsible	A school must identify an individual(s) to complete the required documentation and notify the parent. To complete the debrief process, school personnel involved in the restraint and/or seclusion incident and any other appropriate individuals (e.g., the parent, the student, etc.) shall participate.	Completed by the School Staff designated by the LEA, nonpublic school, MSB, MSD, or The SEED School shall upload the <i>Notification</i> documentation to the secure server. Secure Server logins are provided to the Local Accountability Coordinator (LAC), Director of Student Services, and Director of Special Education.	Completed by the LEA The LEA-level multi-disciplinary team includes as appropriate a: School Psychologist, Behavioral Health Personnel, Pupil Personnel Worker, Special Educator, General Educator, System Level Administrator, and School Level Administrator. *MSDE will review and provide recommendations for MSB/MSD/The SEED School.	The LEA-level or nonpublic school/system (operating under one legal authority) multi-disciplinary team and others as appropriate.
Recipient of the Documentation Form	To be included in the student's education records	Public and nonpublic schools must notify the LEA and MSDE. (The LEA may create a centralized system to notify MSDE on behalf of the individual schools within their system.) MSB/MSD/The SEED School only need to notify MSDE.	School where incident occurred and MSDE	MSDE
Legal Reference	COMAR 13A.08.04.05A(3) & B (7).	Md. Code Ann. Education § 7-1103(b) & (d).	Md. Code Ann. Education § 7-1103(c) & (e).	Md. Code Ann. Education § 7-1106(a).

Restraint Or Seclusion* Single Incident Report

*Seclusion is only allowed in a nonpublic special education school

A public agency may not use seclusion as a behavioral health intervention for a student. Neither a public agency nor a nonpublic school may use physical restraint on a student as a behavioral health intervention unless: (1) physical restraint is necessary to protect the student or another individual from imminent serious physical harm; and (2) other less intrusive, nonphysical interventions have failed or been demonstrated to be inappropriate for the student. Md Code Ann. Education, § 7-1102.

STUDENT DEMOGRAPHIC INFORMATION	
Student Name: Click or tap here to enter text.	Date of Emergency Incident: Click or tap to enter a date.
DOB: Click or tap to enter a date.	Type of incident: <input type="checkbox"/> Restraint <input type="checkbox"/> Seclusion
Student Age: Click or tap here to enter text.	Previous number of restraint incidents in the current school year. Click or tap here to enter text.
Grade: Click or tap here to enter text.	Previous number of seclusion incidents in the current school year. Click or tap here to enter text.
SASID: Click or tap here to enter text.	Time behavior event began: Click or tap here to enter text.
Local ID: Click or tap here to enter text.	Time behavior event ended: Click or tap here to enter text.
Student Ethnicity: Click or tap here to enter text.	Time restraint or seclusion began: Click or tap here to enter text.
Student Race: Click or tap here to enter text.	Time restraint or seclusion ended: Click or tap here to enter text.
Student Gender: Click or tap here to enter text.	Total time of restraint or seclusion: Click or tap here to enter text. Note: MUST not exceed 30 minutes duration.
	Location of behavior: Click or tap here to enter text.
	Location of restraint or seclusion: Click or tap here to enter text.
	Does the student have a current FBA: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the student have a current BIP: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, the date of the most recent BIP review: Click or tap to enter a date.

STUDENT DEMOGRAPHIC INFORMATION

If yes, does the BIP include the provision of Physical Restraint?

Yes No

Date of parent consent: Click or tap to enter a date.

If yes, does the BIP include the provision of Seclusion?

Yes No

Date of parent consent: Click or tap to enter a date.

Resident School: Click or tap here to enter text.

Resident County: Click or tap here to enter text.

Service School: Click or tap here to enter text.

Service County: Click or tap here to enter text.

Special Education:

Yes No or Date of Referral Click or tap to enter a date.

Disability: Choose an item.

Current LRE: Choose an item.

504 Plan: Yes No

PREVENTION STRATEGIES IMPLEMENTED OR DETERMINED INAPPROPRIATE

Describe the less intrusive interventions, nonphysical interventions implemented prior to the use of restraint or seclusion that failed or were determined inappropriate for the student.

Choose all that apply and then describe in narrative why the strategies failed or were deemed to be inappropriate:

Alternative efforts made to de-escalate the situation & prevent behaviors (check all that apply):	Describe what staff did to avoid the use of physical restraint or seclusion:
<ul style="list-style-type: none"><input type="checkbox"/> Redirection<input type="checkbox"/> Verbal intervention & de-escalation techniques<input type="checkbox"/> Provided choices<input type="checkbox"/> Proximity control<input type="checkbox"/> Calming technique/meditation<input type="checkbox"/> Use of sensory room<input type="checkbox"/> Movement break/take a walk<input type="checkbox"/> BIP strategies (if applicable)<input type="checkbox"/> Planned ignoring<input type="checkbox"/> Reduced demands<input type="checkbox"/> Reminder of reinforcement system<input type="checkbox"/> Reminder of rules<input type="checkbox"/> Set limits of inappropriate behavior<input type="checkbox"/> Removal of other students<input type="checkbox"/> Request for assistance	<p>Click or tap here to enter text.</p>

PREVENTION STRATEGIES IMPLEMENTED OR DETERMINED INAPPROPRIATE

Describe the less intrusive interventions, nonphysical interventions implemented prior to the use of restraint or seclusion that failed or were determined inappropriate for the student.

Choose all that apply and then describe in narrative why the strategies failed or were deemed to be inappropriate:

Alternative efforts made to de-escalate the situation & prevent behaviors (check all that apply):

Describe what staff did to avoid the use of physical restraint or seclusion:

- Voluntary removal of student to another location
- Protective strategies/interventions
- Other: Limited language
- Other: Blocking techniques

Each time a student is in a restraint or placed in seclusion, school personnel shall document other less intrusive interventions that have failed or been determined inappropriate.

COMAR 13A.08.04.05A(3)(a)(i) and COMAR 13A.08.04.05B(7)(a)(i)

PRECIPITATING EVENT/ANTECEDENT

Describe in detail the precipitating event immediately preceding the behavior that prompted the use of restraint and/or seclusion (e.g., directive for the non-preferred task, unexpected change) and any other factors that may have impacted the student’s behavior (e.g., loss of family member, lack of sleep).

- Demand/Request
- Denied access to item, person, or location
- Did not earn reward
- Difficulty/Non-preferred task
- Environmental stimuli
- Interruption to activity
- Peer behavior
- Adult behavior

- Reduced/Diverted attention
- Self-reported distress or frustration
- Self-reported/suspected illness or physical discomfort
- Staff change
- Transition
- Unexpected schedule/routine change
- Unstructured time
- Other: Click or tap here to enter text.

Describe in detail the precipitating event/antecedent:
Click or tap here to enter text.

Describe any other factors that may have impacted the student’s behavior:
Click or tap here to enter text.

Each time a student is in a restraint or placed in seclusion, school personnel shall document: the precipitating event immediately preceding the behavior that prompted the use of restraint or seclusion.

COMAR13A.08.04.05A(3)(a)(ii) and COMAR13A.08.04.05B(7)(a)(ii)

BEHAVIOR THAT PROMPTED THE USE OF RESTRAINT OR SECLUSION

Operationally define the behavior that resulted in the use of restraint or seclusion (i.e., describe what the behavior looked like).

A behavior prompting the use of restraint or seclusion must meet the threshold for “imminent, serious, physical harm” defined as bodily injury that involves a substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty (18 U.S.C. § 1365(h)(3) and 34 C.F.R. § 300.530(h)(i)(3)).

Describe the behavior prompting the use of restraint or seclusion:

Click or tap here to enter text.

Must select at least 1 of the following:

- Threat of Imminent, Serious Physical Harm to Self
- Threat of Imminent, Serious Physical Harm to Others

Optional:

- Physical restraint and/or seclusion is included in the BIP or IEP to address the student’s behavior in an emergency situation.
- Other: Click or tap here to enter text.

Describe the circumstances that met the standard for imminent serious physical harm:

Click or tap here to enter text.

Each time a student is in a restraint or placed in seclusion, school personnel shall document: the behavior that prompted the use of restraint or seclusion. COMAR13A.08.04.05A(3)(a)(iii) and COMAR13A.08.04.05B(7)(a)(iii)

TYPE OF RESTRAINT APPLIED

Describe what type of restraint intervention was used with the student, and how long the student was in a restraint position.

Name of evidence-based crisis intervention program:

Click or tap here to enter text.

Name of the specific restraint from your system-approved evidence-based crisis intervention program.

Click or tap here to enter text.

Each time a student is in a restraint personnel shall document: the type of restraint.

COMAR 13A.08.04.05A(3)(b)(i)

STUDENT BEHAVIOR AND REACTION DURING THE RESTRAINT OR SECLUSION

Describe the student's behavior and reaction during the restraint or seclusion.

- Attempts to injure others
- Attempts to injure self
- Self-expressed concerns (e.g., breathing, pain, etc.)
- Talking
- Continuous resistance (e.g., struggling)
- Crying
- Making verbal threats
- Spitting
- Yelling/Screaming
- Profanity/cursing
- Disrobing
- Enuresis/Encopresis
- Other: Click or tap here to enter text.

Describe student behavior and response during the physical restraint or seclusion:

Click or tap here to enter text.

Each time a student is in a restraint or placed in seclusion, school personnel shall document: the student's behavior and reaction during the restraint. For a student who has an individualized education program and is placed in seclusion, the individualized education program team, in consultation with the health care practitioner who observed the seclusion, shall review the student's physical, psychological, and psychosocial health history to determine whether seclusion is contraindicated for the student.

Md. Code Ann. Education, § 7-1102(d)(2)(i); COMAR 13A.08.04.05A(3)(b)(iii) and COMAR 13A.08.04.05B(7)(b)(iii)

TEAM MEMBERS WHO OBSERVED, IMPLEMENTED, OR MONITORED

Identify the name and role/title of each team member who observed the behavior or implemented or monitored the restraint or seclusion.

Name	Role/Title	Observed (O) Implemented (I) Monitored (M)	Current training in the use of restraint	Staff Signature (Required)
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Click or tap here to enter text.	Qualified Health Care Provider Required if seclusion was utilized.	<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Each time a student is in a restraint or placed in seclusion, school personnel shall document: the names and signatures of the staff members implementing and monitoring the use of restraint.

COMAR 13A.08.04.05A(3)(a)(v) and COMAR 13A.08.04.05B(7)(a)(iv)

ADMINISTRATOR NOTIFIED OF THE RESTRAINT OR SECLUSION

Name and Title

Signature

Click or tap here to enter text.

Click or tap here to enter text.

Each time a student is in a restraint or placed in seclusion, school personnel shall document: the name and signature of the administrator informed of the use of restraint.

COMAR 13A.08.04.05A(3)(b)(iv) and COMAR 13A.08.04.05B(7)(b)(iv)

STUDENT INJURY

Describe any reported and/or observed student injuries (e.g., physical, social-emotional, etc.) following evaluation by school staff.
If no injuries occurred, please indicate.

Provide a description of all injuries or indicate “no injuries”:

Click or tap here to enter text.

Name(s) and position(s) of individual(s) evaluating student injuries (e.g., school nurse, nurse tech, health care practitioner, trained staff, etc.):

Click or tap here to enter text.

PARENT NOTIFICATION

Describe how and when the parent was notified of the restraint or seclusion incident.

Name of Staff Who Notified Parent/Legal Guardian: Click or tap here to enter text.

Name of Parent/Legal Guardian Notified: Click or tap here to enter text.

Method of Notification:

Email In person Letter Phone call

Date of Parent Notification: Click or tap to enter a date.

Time of Parent Notification: Click or tap here to enter text.

School personnel shall provide the student’s parent with verbal notification or send written notice within 24 hours, unless otherwise provided for in a student’s behavior intervention plan or IEP.

COMAR 13A.08.04.05A(5) and COMAR 13A.08.04.05B(9)

LEA NOTIFICATION (NONPUBLIC USE ONLY)

Describe how and when the student’s LEA was notified of the restraint or seclusion incident.

Name of Nonpublic Staff Who Notified the LEA: Click or tap here to enter text.

Name of LEA Contact Notified: Click or tap here to enter text.

Method of Notification:

Email In person Letter Phone call

Date of Notification: Click or tap to enter a date.

Time of Notification: Click or tap here to enter text.

DEBRIEF

School personnel involved in the restraint and/or seclusion, and other appropriate individuals (e.g., parent, student, etc.), shall debrief and consider next steps to support the student and staff.

Date of the Debrief: Click or tap to enter a date.

Participant Name	Role/Title
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Qualified Health Care Provider Required if seclusion* was utilized.

Summary of next steps/modifications/additional resources (including referral to IEP team or SST team, as appropriate): Click or tap here to enter text.

Each time a student is in a restraint or placed in seclusion, school personnel involved shall debrief.
COMAR 13A.08.04.05A(3) and COMAR 13A.08.04.05B(7)

Excessive Use (10 Incidents) Of Restraint and/or Seclusion Report

The Excessive Use (10 Incidents) of Restraint and/or Seclusion Report consists of two parts which must be completed within 14 days of the 10th incident. Part One is the required notification to the Local Education Agency (LEA) and MSDE of an excessive use of restraint and/or seclusion (i.e., every 10th incident). Part Two is the required case review, assessment, and recommendations to support the reduction and elimination of incidents of restraint and/or seclusion. This report should be included as a part of the student record. Directions for each part are described below:

Part One: Notification of 10 Incidents of Restraint and/or Seclusion

All Maryland LEAs, PAs, and nonpublic schools must complete the Notification of 10 Incidents of Restraint and/or Seclusion each time there is an excessive use (10 incidents) of restraint and/or seclusion for an individual student at their school. The form must be sent to the LEA and MSDE no later than four business days following the student's 10th incident. Incidents that occurred at any Maryland school during the school year for the individual student must be recorded on this form.

The completed Part One: Notification of 10 Incidents of Restraint and/or Seclusion Report shall be sent to MSDE by uploading to the secure server.

Part Two: Student and School Level Review with Recommendations

All LEAs must complete Part Two: Student and School Level Review with Recommendations and provide a copy to the student's school and MSDE no later than 10 business days following notification of the student's 10th incident.

The completed Part Two: Student and School Level Review with Recommendations accompanies Part One: Notification of 10 Incidents of Restraint and /or Seclusion and should be uploaded to the MSDE secure server.

PART ONE: NOTIFICATION OF 10 INCIDENTS OF RESTRAINT AND/OR SECLUSION

(To be completed by the School, LEA, or PA)

NOTIFICATION

School Year: Click or tap here to enter text.

LEA / Public Agency / Nonpublic School name: Click or tap here to enter text.

LEA / Public Agency / Nonpublic School number: Click or tap here to enter text.

School name(s): Click or tap here to enter text.

School number(s): Click or tap here to enter text.

Date of Incident #10 (20,...): Click or tap to enter a date.

Date of notification to MSDE (from Nonpublic School, LEA, or Public Agency): Click or tap to enter a date.

Name and title of individual notifying MSDE: Click or tap here to enter text.

STUDENT INFORMATION

Student Name: Click or tap here to enter text.

DOB: Click or tap to enter a date.

Student Age: Click or tap here to enter text.

Grade: Click or tap here to enter text.

State Assigned Student ID: Click or tap here to enter text.

Ethnicity: Click or tap here to enter text.

Race: Click or tap here to enter text.

Gender: Click or tap here to enter text.

IEP or IFSP: Yes No

Disability Code: Click or tap here to enter text.

Placement Type: Click or tap here to enter text.

504 Plan: Yes No

Number of Incidents Included in this Form:
Click or tap here to enter text.

STUDENT INCIDENT INFORMATION						
Incident #	Incident Date	Restraint or Seclusion	Start Time and End Time	School Name	Behavior that posed “imminent serious physical harm”	Date and type of parent notification
1 (11, ...)	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
10 (20...)	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

PART TWO: STUDENT AND SCHOOL LEVEL REVIEW WITH RECOMMENDATIONS

(To be completed by the LEA or MSDE)

IDENTIFYING INFORMATION

Date of Incident #10 (20, ...): Click or tap to enter a date.

Date of Part Two Submission to MSDE: Click or tap to enter a date.

LEA / Public Agency / Nonpublic School Name: Click or tap here to enter text.

LEA / Public Agency / Nonpublic School Number: Click or tap here to enter text.

School Name: Click or tap here to enter text.

School Number: Click or tap here to enter text.

Student Name: Click or tap here to enter text.

State Assigned Student ID: Click or tap here to enter text.

HISTORY OF BEHAVIOR ASSESSMENT AND PLANNING

Current Functional Behavior Assessment Date: Click or tap to enter a date.

Behavior Intervention Plan Implementation Date: Click or tap to enter a date.

Functional Behavior Assessment (FBA)

1. If an FBA has not previously been done for the student one should begin immediately.
2. If an FBA has previously been completed for the student (even recently), the FBA should be reviewed by a qualified individual or team other than the person who previously completed it.

HISTORY OF BEHAVIOR ASSESSMENT AND PLANNING

FBA date of development/review: Click or tap here to enter text.

Name & Title of individuals conducting/reviewing the FBA: Click or tap here to enter text.

Behavior Intervention Plan (BIP)

1. If a BIP has not previously been created for the student, one should be developed immediately using information gleaned from the FBA.
2. If a BIP currently exists, the BIP plan should be reviewed by a qualified individual other than the person who previously developed or reviewed and amended by the IEP team for a Student with Disabilities (SWD).

BIP date of development/review: Click or tap to enter a date.

Name & Title of individuals conducting/reviewing the BIP: Click or tap here to enter text.

PATTERN OF BEHAVIORAL HEALTH INTERVENTIONS FOR THE STUDENT		
Behavior Health Interventions Type of behavior health interventions used or scheduled to be used with the identified student (list individually)	Fidelity of Implementation Frequency, duration of intervention use (when began, how often used, etc.)	Student’s Response to the Intervention Is the intervention effective? Could it be modified to increase effectiveness?
Click or tap here to enter text.	Start Date: Click or tap to enter a date. Frequency of Implementation: Click or tap here to enter text.	Intervention Effectiveness: Click or tap here to enter text. Recommendations: Click or tap here to enter text.
Click or tap here to enter text.	Start Date: Click or tap to enter a date. Frequency of Implementation: Click or tap here to enter text.	Intervention Effectiveness: Click or tap here to enter text. Recommendations: Click or tap here to enter text.
Click or tap here to enter text.	Start Date: Click or tap to enter a date. Frequency of Implementation: Click or tap here to enter text.	Intervention Effectiveness: Click or tap here to enter text. Recommendations: Click or tap here to enter text.
Click or tap here to enter text.	Start Date: Click or tap to enter a date. Frequency of Implementation: Click or tap here to enter text.	Intervention Effectiveness: Click or tap here to enter text. Recommendations: Click or tap here to enter text.
Click or tap here to enter text.	Start Date: Click or tap to enter a date. Frequency of Implementation: Click or tap here to enter text.	Intervention Effectiveness: Click or tap here to enter text. Recommendations: Click or tap here to enter text.
Click or tap here to enter text.	Start Date: Click or tap to enter a date. Frequency of Implementation: Click or tap here to enter text.	Intervention Effectiveness: Click or tap here to enter text. Recommendations: Click or tap here to enter text.
What other relevant personal or environmental information will inform recommendations?		Click or tap here to enter text.

PATTERN OF BEHAVIOR INTERVENTIONS USED BY THE SCHOOL

The review team should identify schoolwide behavior interventions and approaches currently being implemented at this school to reduce the use of physical restraint or seclusion (nonpublic schools only) for ALL students.

Type of behavior health interventions used (list individually)	Frequency and duration of use (when began, how often used, etc.)	Apparent impact upon student behavior
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

RECOMMENDATIONS

The review team should identify recommendations specific to the student and for the school. Recommendations should be listed here as a means of communicating to MSDE and other relevant stakeholders. Recommendations related to the need for additional professional learning, resources, and support at the school to reduce the excessive use of physical restraint or seclusion should be considered.

Student Specific Recommendations	School Specific Recommendations
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

MSDE USE ONLY

Student and school level review document due by: Click or tap to enter a date.

On time? Yes No

Date completed student and school level review document received by MSDE: Click or tap to enter a date.

Explanation of excessive use of restraint or seclusion: Click or tap here to enter text.

Name of MSDE official receiving notification: Click or tap here to enter text.

Title of MSDE official receiving notification: Click or tap here to enter text.

Feedback: Click or tap here to enter text.

Law Reference: [Md. Code Ann. Education § 7-1103\(c\) & \(e\)](#). On receipt of notice from a public school or nonpublic school of a 10th incident of restraint and/or seclusion, the LEA shall: (1) review the student’s case, including the circumstances of each incident of physical restraint or seclusion; (2) assess the public school or nonpublic school’s pattern of behavioral health interventions to evaluate whether the public school

or nonpublic school could use less restrictive behavioral health interventions; and (3) share the LEA's recommendations with MSDE and the public school or nonpublic school. MSDE will conduct the review for public agencies.

Corrective Action Report

(To be completed by the LEA, PA, or nonpublic school/system (operating under one legal authority), a multi-disciplinary team, and others as appropriate.

Under Md. Code Ann. Education § 7-1106(a), each LEA, public agency (i.e., Maryland School for the Blind, Maryland School for the Deaf, The SEED School), and a nonpublic school is required to submit a systemic, evidence-based corrective action plan to the MSDE if the public agency (PA) or nonpublic school either:

Fails to comply with any provision of Md. Code Ann. Education § 7-1101 *et seq.*; or

Reports to MSDE that a student has been physically restrained or placed in seclusion 10 times or more in a school year as required by Md. Code Ann. Education § 7-1103.

Directions:

Upon meeting one or both criteria described above, the LEA, PA, or nonpublic school must complete **Corrective Action** within **30 days** of submission of *Part Two: Student and School Level Review with Recommendations* document.

The purpose of *Corrective Action* is to address any systemic issues that contribute to a failure to comply with the law and/or excessive use of restraint and/or seclusion.

PUBLIC AGENCY OR NONPUBLIC SCHOOL INFORMATION

LEA / Public Agency / Nonpublic Special Education School name: Click or tap here to enter text.

LEA / Public Agency / Nonpublic Special Education School number: Click or tap here to enter text.

LEA / Public Agency / Nonpublic Special Education School contact name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Date of submission of *Part Two: Student and School Level Review with Recommendations* document: Click or tap to enter a date.

Date Correction Action Submitted to MSDE: Click or tap to enter a date.

Special Education Contact (if different from the contact who is submitting): Click or tap here to enter text.

General Education Contact (if different from the contact who is submitting): Click or tap here to enter text.

Superintendent Name: Click or tap here to enter text.

Superintendent Signature: Click or tap here to enter text.

SYSTEMIC, EVIDENCE-BASED PLAN

Step 1. Conduct a root cause analysis (using qualitative and quantitative data) to identify the cause(s) of the failure to comply and/or excessive use of restraint and/or seclusion. Describe the results of the root cause analysis.

Click or tap here to enter text.

Step 2. Based on the root cause analysis, develop [SMART goals](#) for improvement that are specific, measurable, attainable, relevant, and time-based.

- Define monitoring intervals
- Define who will monitor
- Define the method for responding to data. Include a link to SMART goals.

Goal	Monitoring Period	Responsible Personnel	Measurable Targets
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Step 3. Identify the actions your system/school will take to support achieving the SMART goals.

- Each step must directly relate to an identified cause for failure to comply and/or excessive use of restraint and/or seclusion.

Steps must include action steps, personnel, timeline, milestones of success, professional training needed, etc. (columns may be added).

Action Steps	Personnel	Timeline	Milestones of Success	Professional Training Needed
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

For each section of the Corrective Action, include revisions and review dates that are made addressing additional notifications of students with 10 incidents or failure to comply.

Resources

Md. Code Ann. Education § 7-1101 *et seq.*

Code of Maryland Regulations (COMAR) 13A.08.04.05

APPENDIX A: RESTRAINT OR SECLUSION* SINGLE INCIDENT EXEMPLAR

A public agency may not use seclusion as a behavioral health intervention for a student. Neither a public agency nor a nonpublic school may use physical restraint on a student as a behavioral health intervention unless: (1) physical restraint is necessary to protect the student or another individual from imminent serious physical harm; and (2) other less intrusive, nonphysical interventions have failed or been demonstrated to be inappropriate for the student. Md. Code Ann. Education, § 7-1102.

STUDENT DEMOGRAPHIC INFORMATION	
<p>Student Name: Bobby Brown DOB: 8/12/2014 Student Age: 8 Grade: 3 SASID: XXXXXXXXX Local ID: XXXXXXXX Student Ethnicity: Hispanic Student Race: White Student Gender: Male</p>	<p>Date of Emergency Incident: 12/1/2022 Type of incident: <input checked="" type="checkbox"/> Restraint <input type="checkbox"/> Seclusion Previous number of restraint incidents in the current school year. 0 Previous number of seclusion incidents in the current school year. 0 Time behavior event began: 1:45 PM Time behavior event ended: 2:30 PM Time restraint or seclusion began: 2:12 PM Time restraint or seclusion ended: 2:14 PM Total time of restraint or seclusion: 2 minutes Note: MUST not exceed 30 minutes duration. Location of behavior: classroom Location of restraint or seclusion: classroom Does the student have a current FBA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a current BIP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, the date of the most recent BIP review: 9/29/2022 If yes, does the BIP include the provision of Physical Restraint? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

STUDENT DEMOGRAPHIC INFORMATION

	<p>Date of parent consent: 9/29/2022</p> <p>If yes, does the BIP include the provision of Seclusion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Date of parent consent: NA</p>
<p>Resident School: Maryland State Elementary</p> <p>Resident County: Maryland County</p> <p>Service School: Maryland State Elementary</p> <p>Service County: Maryland County</p>	<p>Special Education:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> Referral - Date NA</p> <p>Disability: Other Health Impairment</p> <p>Current LRE: A - >80% of the day</p> <p>504 Plan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

PREVENTION STRATEGIES IMPLEMENTED OR DETERMINED INAPPROPRIATE

Describe the less intrusive interventions, nonphysical interventions implemented prior to the use of restraint or seclusion that failed or were determined inappropriate for the student.

Choose all that apply and then describe in narrative why the strategies failed or were deemed to be inappropriate:

Alternative efforts made to de-escalate the situation & prevent behaviors (check all that apply):	Describe what staff did to avoid the use of physical restraint or seclusion:
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Redirection <input checked="" type="checkbox"/> Verbal intervention & de-escalation techniques <input checked="" type="checkbox"/> Provided choices <input checked="" type="checkbox"/> Proximity control <input type="checkbox"/> Calming technique/meditation <input type="checkbox"/> Use of sensory room <input type="checkbox"/> Movement break/take a walk <input type="checkbox"/> BIP strategies (if applicable) <input type="checkbox"/> Planned ignoring <input type="checkbox"/> Reduced demands <input type="checkbox"/> Reminder of reinforcement system <input checked="" type="checkbox"/> Reminder of rules <input type="checkbox"/> Set limits of inappropriate behavior <input type="checkbox"/> Removal of other students <input type="checkbox"/> Request for assistance 	<p>At the end of the school day, Bobby earned a screen break and the use of an iPad. The teacher provided Bobby with the iPad open to the allowed website (Education.com). When the teacher checked, Bobby had changed to a nonapproved website. Ms. Classroom Teacher explained to Bobby that he needed to return to the approved game site. Bobby began yelling and cursing at Ms. Classroom Teacher. Ms. Classroom Teacher redirected him to approved games and offered the choice of another preferred activity. Bobby continued to yell and curse. Ms. Classroom Teacher called for assistance. Mr. Trained Staff Member and Ms. Trained Staff Member arrived, and Mr. Instructional Assistant escorted the other students from the room. Mr. Trained Staff Member provided Bobby the opportunity to take a walk or move to a quiet space to calm down. Bobby began to throw books and other objects at the staff in the room. Mr. Trained Staff Member moved a safe distance away and using limited language again provided choices and options for calming. Bobby began to physically attack Mr. Trained Staff Member by hitting with a closed fist, biting, and kicking. Mr. Trained Staff Member attempted to block the aggression, but Bobby continued to escalate and became more aggressive and intense in his physical attack.</p>

<ul style="list-style-type: none"><input type="checkbox"/> Voluntary removal of student to another location<input type="checkbox"/> Protective strategies/interventions<input checked="" type="checkbox"/> Other: Limited language<input checked="" type="checkbox"/> Other: Blocking techniques	
<p>Each time a student is in a restraint or placed in seclusion, school personnel shall document other less intrusive interventions that have failed or been determined inappropriate.</p> <p>COMAR 13A.08.04.05A(3)(a)(i) and COMAR 13A.08.04.05B(7)(a)(i)</p>	

PRECIPITATING EVENT/ANTECEDENT

Describe in detail the precipitating event immediately preceding the behavior that prompted the use of restraint and/or seclusion (e.g., directive for the non-preferred task, unexpected change) and any other factors that may have impacted the student’s behavior (e.g., loss of family member, lack of sleep).

<ul style="list-style-type: none"> <input type="checkbox"/> Demand/Request <input checked="" type="checkbox"/> Denied access to item, person, or location <input type="checkbox"/> Did not earn reward <input type="checkbox"/> Difficulty/Non-preferred task <input type="checkbox"/> Environmental stimuli <input type="checkbox"/> Interruption to activity <input type="checkbox"/> Peer behavior <input type="checkbox"/> Adult behavior 	<ul style="list-style-type: none"> <input type="checkbox"/> Reduced/Diverted attention <input type="checkbox"/> Self-reported distress or frustration <input type="checkbox"/> Self-reported/suspected illness or physical discomfort <input type="checkbox"/> Staff change <input type="checkbox"/> Transition <input type="checkbox"/> Unexpected schedule/routine change <input type="checkbox"/> Unstructured time <input type="checkbox"/> Other: Click or tap here to enter text. 	<p>Describe in detail the precipitating event/antecedent:</p> <p>At the end of the school day, Bobby earned a screen break and the use of an iPad. Ms. Classroom Teacher provided Bobby with the iPad open to the allowed website (Education.com). When the teacher checked, Bobby had changed to a non-approved website. Ms. Classroom Teacher explained to Bobby that he needed to return to the approved game site.</p>	<p>Describe any other factors that may have impacted the student’s behavior:</p> <p>It is noted that the parent had emailed earlier in the day that Bobby had a “rough evening and did not sleep well last night. “Lack of sleep may have impaired his ability to regulate.</p>
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Each time a student is in a restraint or placed in seclusion, school personnel shall document: the precipitating event immediately preceding the behavior that prompted the use of restraint or seclusion.

COMAR13A.08.04.05A(3)(a)(ii) and COMAR13A.08.04.05A(7)(a)(ii)

BEHAVIOR THAT PROMPTED THE USE OF RESTRAINT OR SECLUSION

Operationally define the behavior that resulted in the use of restraint or seclusion (i.e., describe what the behavior looked like).

A behavior prompting the use of restraint or seclusion must meet the threshold for “imminent, serious, physical harm” defined as bodily injury that involves a substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty (18 U.S.C. § 1365(h)(3) and 34 C.F.R. § 300.530(h)(i)(3)).

Describe the behavior prompting the use of restraint or seclusion.

Bobby was using his body to ram into Mr. Trained Staff Member and knocked him off balance. Kicks and punches became more rapid and with increased force making blocking strategies ineffective. Mr. Trained Staff Member began to experience multiple forceful hits to the head, neck, and shoulder area. Mr. Trained Staff Member was hit in the head and began to fall to the ground. Ms. Trained Staff Member responded by placing Bobby in an approved hold (name of hold) to protect Mr. Trained Staff Member from further injury. During the hold, Bobby continued to yell and attempted to head-butt Ms. Trained Staff member who was implementing the restraint. The restraint lasted 2 minutes.

Must select at least 1 of the following:

- Threat of Imminent, Serious Physical Harm to Self
- Threat of Imminent, Serious Physical Harm to Others

Optional:

- Physical restraint and/or seclusion is included in the BIP or IEP to address the student’s behavior in an emergency situation.
- Other: Click or tap here to enter text.

Describe the circumstances that met the standard for imminent serious physical harm.

Staff began to experience multiple forceful hits to the head, neck, and shoulder area.

Each time a student is in a restraint or placed in seclusion, school personnel shall document: the behavior that prompted the use of restraint or seclusion. COMAR13A.08.04.05A(3)(a)(iii) and COMAR13A.08.04.05A(7)(a)(iii)

TYPE OF RESTRAINT APPLIED

Describe what type of restraint intervention was used with the student, and how long the student was in a restraint position.

Name of the evidence-based crisis intervention program: Click or tap here to enter text.

Specific name of restraint from your system-approved evidence-based crisis intervention program. Click or tap here to enter text.

Each time a student is in a restraint personnel shall document: the type of restraint.

COMAR 13A.08.04.05A(3)(b)(i)

STUDENT BEHAVIOR AND REACTION DURING THE RESTRAINT OR SECLUSION

Describe the student's behavior and reaction during the restraint or seclusion.

- Attempts to injure others
- Attempts to injure self
- Self-expressed concerns (e.g., breathing, pain, etc.)
- Talking
- Continuous resistance (e.g., struggling)
- Crying
- Making verbal threats
- Spitting
- Yelling/Screaming
- Profanity/cursing
- Disrobing
- Enuresis/Encopresis
- Other: Click or tap here to enter text.

Describe student behavior and response during the physical restraint or seclusion:

During the first minute of the restraint Bobby continued to yell and attempted to head-butt the staff member implementing the restraint. Progressively Bobby became less physically aggressive and body tension reduced. Ms. Trained Staff Member gradually release pressure of the restraint and followed the program protocol for release from the restraint.

Once released Mr. Trained Staff Member and Ms. Trained Staff Member accompanied Bobby from the classroom to his chosen quiet space to allow him to continue to self-regulate.

Each time a student is in a restraint or placed in seclusion, school personnel shall document: the student's behavior and reaction during the restraint. For a student who has an individualized education program and is placed in seclusion, the individualized education program team, in consultation with the health care practitioner who observed the seclusion, shall review the student's physical, psychological, and psychosocial health history to determine whether seclusion is contraindicated for the student.

Md. Code Ann. Education § 7-1102(d)(2)(i); COMAR 13A.08.04.05A(3)(b)(iii) and COMAR 13A.08.04.05B(7)(b)(iii)

TEAM MEMBERS WHO OBSERVED, IMPLEMENTED, OR MONITORED

Identify the name and role/title of each team member who observed the behavior, or implemented or monitored the restraint or seclusion.

Name	Role/Title	Observed (O) Implemented (I) Monitored (M)	Current training in the use of restraint	Staff Signature (Required)
Mr. Trained Staff Member	Counselor	<input type="checkbox"/> O <input type="checkbox"/> I <input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Ms. Trained Staff Member	Principal	<input type="checkbox"/> O <input checked="" type="checkbox"/> I <input type="checkbox"/> M	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Ms. Classroom Teacher	Gen Ed Teacher	<input checked="" type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Click or tap here to enter text.	Qualified Health Care Provider Required if seclusion was utilized.	<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Each time a student is in a restraint or placed in seclusion, school personnel shall document: the names and signatures of the staff members implementing and monitoring the use of restraint.

COMAR 13A.08.04.05A(3)(a)(v) and COMAR 13A.08.04.05B(7)(a)(iv)

ADMINISTRATOR NOTIFIED OF THE RESTRAINT OR SECLUSION

Name and Title	Signature
Ms. Trained Staff Member, Principal	Click or tap here to enter text.
<p>Each time a student is in a restraint or placed in seclusion, school personnel shall document: the name and signature of the administrator informed of the use of restraint.</p> <p>COMAR 13A.08.04.05A(3)(b)(iv) and COMAR 13A.08.04.05B(7)(b)(iv)</p>	

STUDENT INJURY

Describe any reported and/or observed student injuries (e.g., physical, social-emotional, etc.) following evaluation by school staff. If no injuries occurred, please indicate.

Provide a description of all injuries or indicate "no injuries":

There were no visible or student reported injuries.

Name(s) and position(s) of individual(s) evaluating student injuries (e.g., school nurse, nurse tech, health care practitioner, trained staff, etc.):

Ms. School Nurse examined the student following the event.

PARENT NOTIFICATION

Describe how and when the parent was notified of the restraint or seclusion incident.

Name of Staff Who Notified Parent/Legal Guardian: Ms. Trained Staff Member

Name of Parent/Legal Guardian Notified: Mr. Bobby Brown Sr.

Method of Notification:

Email In person Letter Phone call

Date of Parent Notification: 12/1/2022

Time of Parent Notification: 4:30 PM

School personnel shall provide the student’s parent with verbal notification or send written notice within 24 hours, unless otherwise provided for in a student’s behavior intervention plan or IEP.

COMAR 13A.08.04.05A(5) and COMAR 13A.08.04.05B(9)

LEA NOTIFICATION (NONPUBLIC USE ONLY)

Describe how and when the student’s LEA was notified of the restraint or seclusion incident.

Name of Nonpublic Staff Who Notified the LEA: Click or tap here to enter text.

Name of LEA Contact Notified: Click or tap here to enter text.

Method of Notification:

Email In person Letter Phone call

Date of Notification: Click or tap to enter a date.

Time of Notification: Click or tap here to enter text.

DEBRIEF

School personnel involved in the restraint and/or seclusion, and other appropriate individuals (e.g., parent, student, etc.), shall debrief and consider next steps to support the student and staff.

Date of the Debrief: 12/5/2022

Participant Name	Role/Title
Mr. Trained Staff Member	Counselor
Ms. Trained Staff Member	Principal
Ms. Classroom Teacher	Gen Ed Teacher
Mr. Special Educator	Spec Ed Teacher
Click or tap here to enter text.	Qualified Health Care Provider Required if seclusion* was utilized.

Summary of next steps/modifications/additional resources (including referral to IEP team or SST team, as appropriate):

Bobby’s IEP and BIP include the use of restraint, with parent consent. The BIP specifies that a review will occur every 6-months. The group considered if an IEP Team meeting was needed prior to the 6-month timeline, but determined a meeting was not needed based on a review of historical data regarding the use of restraint last school year compared to this school year. Behavior data shows fewer occurrences of BIP targeted behaviors and the length of time between restraints has increased from 3 times 4th quarter, last school year, to one time first quarter this school year. Physical aggression has decreased by 12% and verbal aggression as decreased by 8% compared to 4th quarter last school year.

The group discussed the lack of sleep may have impacted Bobby’s behavior and tolerance for denial. Instructional Technology will be consulted regarding blocking specific sites or limiting access to nonapproved sites to proactively avoid confrontation regarding use of the iPad. It was determined the BIP will continue to be implemented as written and the 6-month review of the BIP will be conducted as scheduled in March 2023.

Each time a student is in a restraint or placed in seclusion, school personnel involved shall debrief.

COMAR 13A.08.04.05A(3) and COMAR 13A.08.04.05B(7)

APPENDIX B: EXCESSIVE USE (10 INCIDENTS) OF RESTRAINT AND/OR SECLUSION REPORT EXEMPLAR

The Excessive Use (10 Incidents) of Restraint and/or Seclusion Report consists of two parts which must be completed within 14 days of the 10th incident. Part One is the required notification to the Local Education Agency (LEA) and MSDE of an excessive use of restraint and/or seclusion (i.e. every 10th incident). Part Two is the required case review, assessment, and recommendations to support the reduction and elimination of incidents of restraint and/or seclusion. This report should be included as a part of the student record. Directions for each part are described below:

Part One: Notification of 10 Incidents of Restraint and/or Seclusion

All Maryland public schools, public agencies, and nonpublic schools must complete the Notification of 10 Incidents of Restraint and/or Seclusion each time there is an excessive use (10 incidents) of restraint and/or seclusion for an individual student at their school. The form must be sent to the LEA and MSDE no later than four business days following the student's 10th incident. Incidents that occurred at any school during the school year for the individual student must be recorded on this form.

The completed Part One: Notification of 10 Incidents of Restraint and/or Seclusion Report should be sent to MSDE by uploading to the secure server.

Part Two: Student and School Level Review with Recommendations

All LEAs must complete *Part Two: Student and School Level Review with Recommendations* and provide a copy to the student's school and MSDE no later than 10 business days following notification of the student's 10th incident.

The completed *Part Two: Student and School Level Review with Recommendations* accompanies *Part One: Notification of 10 Incidents of Restraint and /or Seclusion* and should be uploaded to the MSDE secure server.

Part One: Notification of 10 Incidents of Restraint and/or Seclusion

(To be completed by the School or LEA)

NOTIFICATION

School Year 2022-2023

LEA / Public Agency / Nonpublic School name: XXXX County Schools

LEA / Public Agency / Nonpublic School number: 12345

School name(s): Smiley Elementary

School number(s): 123

Date of Incident #10 (20,...): 01/09/2023

Date of notification to MSDE (from Nonpublic School, LEA, or Public Agency): 01/12/2023

Name and title of individual notifying MSDE: Kelly Brown, Special Education Director

STUDENT INFORMATION

Student Name: Sam Wilson
 DOB: 12/1/2012
 Student Age: 10
 Grade: 5
 State Assigned Student ID: 123456
 Ethnicity: Non-Hispanic
 Race: White
 Gender: Male

IEP or IFSP: Yes No
 Disability Code: NA
 Placement Type: NA
 504 Plan: Yes No
 Number of Incidents Included in this Form:
 Incident Numbers 1-10

STUDENT INCIDENT INFORMATION

Incident #	Incident Date	Restraint or Seclusion	Start Time and End Time	School Name	Behavior that posed "imminent serious physical harm"	Date and type of parent notification
1	10/17/2022	R	2:21-2:23pm	Smiley Elementary School	Pinching, slapping, punching, hitting, spitting, kicking staff	10/17/2022 Phone call
2	10/17/2022	R	2:30-2:33pm	Smiley Elementary School	Striking staff (kicking, punching, slapping)	10/17/2022 Phone call

3	11/21/2022	R	10:32-10:35	Smiley Elementary School	Pinching, slapping, punching, hitting, spitting, kicking staff	11/21/2022 Phone call
4	11/22/2022	R	8:51-8:56	Smiley Elementary School	Lifted chair and swung it towards staff members	11/22/2022 Phone call
5	11/28/2022	R	9:39-9:41	Smiley Elementary School	Punching, kicking, head butting, biting	11/28/2022 Phone call
6	11/29/2022	R	10:15-10:20	Smiley Elementary School	Pinching, slapping, punching, hitting, spitting, kicking staff	11/29/2022 Phone call
7	12/19/2022	R	11:10-11:14	Smiley Elementary School	Punch, push, kick, twist arm and charge at staff	12/19/2022 Phone call
8	12/20/2022	R	2:17-2:20	Smiley Elementary School	Throwing large objects at staff members, desks, chairs	12/20/2022 Phone call
9	1/3/2023	R	8:07-8:11	Smiley Elementary School	Biting, punching staff	1/3/2023 Phone call
10	1/9/2023	R	9:15-9:17	Smiley Elementary School	Rammed body into staff member with rapid kicks and punches	1/9/2023 Phone call

Law Reference: [Md. Code Ann. Education § 7-1103\(b\) & \(d\)](#). If a student enrolled in a public school is physically restrained 10 times or more in a school year, or if a student placed in a nonpublic school by the LEA is physically restrained or placed in seclusion 10 times or more in a school year, then the school must notify the LEA and MSDE at the earliest opportunity, but not longer than four (4) business days after the student's 10th incident of physical restraint and/or seclusion. If the student is enrolled at a public agency, then the public agency must notify MSDE.

Part Two: Student and School Level Review with Recommendations

(To be completed by the Local Education Agency (LEA) or MSDE)

IDENTIFYING INFORMATION

Date of Incident #10 (20,...): 1/9/2023

Date of Part Two Submission to MSDE: 1/27/2023 (10 business days after notification)

LEA / Public Agency / Nonpublic School Name: XXX County

LEA / Public Agency / Nonpublic School Number: 123

School Name: Smiley Elementary

School Number: xxx

Student Name: Sam Wilson

State Assigned Student ID: xxxxx

HISTORY OF BEHAVIOR ASSESSMENT AND PLANNING

Current Functional Behavior Assessment Date: 11/2/2022

Behavior Intervention Plan Implementation Date: 11/8/2022

Functional Behavior Assessment (FBA)

1. If an FBA has not previously been done for the student one should begin immediately.
2. If an FBA has previously been completed for the student (even recently), the FBA should be reviewed by a qualified individual or team other than the person who previously completed it.

HISTORY OF BEHAVIOR ASSESSMENT AND PLANNING

FBA date of development/review: 1/17/2023

Name & Title of Individuals conducting/reviewing the FBA: LEA Qualified reviewer or team, such as special educator, school psychologist, behaviorist, administrator, parent

Behavior Intervention Plan (BIP)

1. If a BIP has not previously been created for the student, one should be developed immediately using information gleaned from the FBA.
2. If a BIP currently exists, the BIP plan should be reviewed by a qualified individual other than the person who previously developed or reviewed and amended for a SWD.

BIP date of development/review: 1/17/2022

Name & Title of Individuals conducting/reviewing the BIP: LEA Qualified reviewer or team, such as special educator, school psychologist, behaviorist, administrator, parent

PATTERN OF BEHAVIORAL HEALTH INTERVENTIONS FOR THE STUDENT		
<u>Behavior Health Interventions</u>	<u>Fidelity of Implementation</u>	<u>Student's response to the intervention</u>
Type of behavior health interventions used or scheduled to be used with the identified student (list individually)	Frequency, duration of intervention use (when started or will start, how often used, etc.)	Is the intervention effective? Could it be modified to increase effectiveness?
Check-In/Check Out: The student has a designated adult in which they meet with each morning to identify goals and review appropriate behaviors for the day.	Start Date: Sept 10, 2022 Frequency of Implementation: Daily (8:00am-8:10am)	Intervention Effectiveness: The student participates in the intervention and enjoys the one-on-one time with the preferred adult. Recommendations: Continue this intervention
Social Stories: The student has social stories for changes in routines, school breaks, transitions. These stories are reviewed during the morning check-in with the preferred adult	Start Date: Sept 10, 2022 Frequency of Implementation: Daily (8:00am)	Intervention Effectiveness: The student participates in the intervention and enjoys the one-on-one time with the preferred adult. Recommendations: Continue this intervention
Warning for transitions	Start Date: November 1, 2022 Frequency of Implementation: Daily in the classroom setting	Intervention Effectiveness: Most of the time this intervention prevents unexpected behaviors. Recommendations: Improvements could be in the delivery of the warnings to include visual, verbal and tactile (personal picture schedule)
Practice with de-escalation strategies	Start Date: October 17, 2022 Frequency of Implementation: Two times per month during small group instruction (provided by the paraprofessional)	Intervention Effectiveness: The student is learning the strategies but having difficulty with generalization to the classroom setting. Recommendations: Modifications could include for frequent practice within the classroom setting with visual, verbal and tactile prompts.

PATTERN OF BEHAVIORAL HEALTH INTERVENTIONS FOR THE STUDENT

<p><u>Behavior Health Interventions</u></p> <p>Type of behavior health interventions used or scheduled to be used with the identified student (list individually)</p>	<p><u>Fidelity of Implementation</u></p> <p>Frequency, duration of intervention use (when started or will start, how often used, etc.)</p>	<p><u>Student's response to the intervention</u></p> <p>Is the intervention effective? Could it be modified to increase effectiveness?</p>
<p>What other relevant personal or environmental information will inform recommendations?</p>		<p>When examining the pattern of incidents, there appears to be an increase in unexpected behaviors following or before a school break (i.e. thanksgiving, winter break, 3-day weekends). Additionally, when the student is late to school there is an increase of unexpected behaviors due to changes in routine and sometimes missing the morning check-in with preferred adult.</p>

PATTERN OF BEHAVIOR INTERVENTIONS USED BY THE SCHOOL

The review team should identify schoolwide behavior interventions and approaches currently being implemented at this school to reduce the use of physical restraint or seclusion (nonpublic schools only) for ALL students.

Type of behavior health interventions used (list individually)	Frequency and duration of use (when began, how often used, etc.)	Apparent impact upon student behavior
School-wide positive behavior supports (Weekly lessons, specific monthly skills)	Weekly	Students comply with directions and the targeted skill is increased
Social-Emotional Learning Supports (Specific class time designated for social-emotional instruction)	Daily in the first period class	Students comply with directions and the targeted skill is increased

RECOMMENDATIONS

The review team should identify recommendations specific to the student and for the school. Recommendations should be listed here as a means of communicating to MSDE and other relevant stakeholders. Recommendations related to the need for additional professional learning, resources, and support at the school to reduce the excessive use of physical restraint or seclusion should be considered.

Student Specific Recommendations	School Specific Recommendations
Increased direct instruction in de-escalation strategies	Develop small group intervention for students who are not making progress with school-wide behavioral supports: Click or tap here to enter text.
Improvements could be in the delivery of the transition warnings to include visual, verbal and tactile (personal picture schedule)	Implement class wide transition warnings for all students.

MSDE USE ONLY

Student and school level review document due by: January 27, 2023

On time? Yes No

Date completed student and school level review document received by MSDE: January 27, 2023

Explanation of inappropriate use of restraint or seclusion: Complete

Name of MSDE official receiving notification: Jane Doe

Title of MSDE official receiving notification: Director

Law Reference: [Md. Code Ann. Education § 7-1103\(c\) & \(e\)](#). On receipt of notice from a public school or nonpublic school of a 10th incident of restraint and/or seclusion, the LEA shall: (1) review the student's case, including the circumstances of each incident of physical restraint or seclusion; (2) assess the public school or nonpublic school's pattern of behavioral health interventions to evaluate whether the public school or nonpublic school could use less restrictive behavioral health interventions; and (3) share the LEA's recommendations with MSDE and the public school or nonpublic school. MSDE will conduct the review for public agencies.