



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

OSSE Incident Report Form

The Form is provided to nonpublic special education schools and programs that serve students whose education is funded by the District of Columbia to ensure that all incidents involving a District of Columbia student and the use of an emergency behavioral intervention (i.e. physical restraint or seclusion), suspected child abuse or neglect, or physical injury are documented and reported in a manner that is compliant with the District of Columbia Municipal Regulations (DCMR) Title 5 Chapter 28, Subtitle A, Sections 2800-2899, specifically 2811.1, 2814, 2816, 2819, 2820, and 2830.2.

A written incident report shall be prepared for each individual incident involving a restraint or seclusion and shall be placed in the student’s permanent file within twenty-four (24) hours of the incident. (5-A 28 DCMR § 2820.3)

A copy of the written incident report shall be sent within one (1) business day of the incident to the student’s parent(s), the sending LEA and any other District of Columbia agency involved in a student’s placement. (5-A 28 DCMR § 2820.4)

OSSE may request and a school shall make available to OSSE information on all aspects of the school's program(s), staff credentials, certification by agencies other than OSSE, information regarding any complaints made, health and safety information, the individual records of District of Columbia students, and any other information that OSSE may reasonably require in exercising its duties as the SEA. (5-A 28 DCMR § 2836.1)

1	Student Name, Last <small>(5-A 28 DCMR § 2820.2(a))</small>	Student Name, First <small>(5-A 28 DCMR § 2820.2(a))</small>	Date of Incident <small>(5-A 28 DCMR § 2820.2(b))</small>	
	USI Number	Date of Birth	Age	Grade
	Person who Completed Form (Name)	Person who Completed Form (Position)	Date Form was Completed	

2	Type(s) of Incident(s) <small>Select all that apply.</small>
	<input type="checkbox"/> Restraint (Physical) <input type="checkbox"/> Restraint (Prone, Mechanical, Chemical) <input type="checkbox"/> Seclusion <input type="checkbox"/> Suspected Child Abuse or Neglect <input type="checkbox"/> Physical Injury <input type="checkbox"/> Emergency Reporting/Other (an emergency involving a weapon, narcotics, fire, a criminal act such as assault, etc.)

3	Times and Locations of Incident <small>(5-A 28 DCMR § 2820.2(c))</small>	
	Time	Location
	Beginning Time:	
	Ending Time:	
	Duration: hours minutes	

4	<p>Precipitating Events</p> <p>Describe the relevant events leading up to the incident.</p> <p>Include information that addresses the fundamental questions of who¹, what, where, when, and why, if appropriate.</p> <p>(5-A 28 DCMR § 2820.2(d))</p>

5	<p>Less Intrusive Interventions Used Prior to the Implementation of the Emergency Intervention</p> <p>(5-A 28 DCMR § 2820.2(e))</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Active listening <input type="checkbox"/> Showing empathy <input type="checkbox"/> Communicating expectations <input type="checkbox"/> Offering choices <input type="checkbox"/> Redirection <input type="checkbox"/> Engage in a physical activity, i.e. a walk around the school building <input type="checkbox"/> Engage in a calming activity, i.e. a sensory room activity <input type="checkbox"/> Offer help or support for the task <input type="checkbox"/> Other (specify) <input type="radio"/> _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Involve preferred staff <input type="checkbox"/> Change setting <input type="checkbox"/> Positive feedback <input type="checkbox"/> Proximity control <input type="checkbox"/> Modify instruction <input type="checkbox"/> Remove audience <input type="checkbox"/> Remove target <input type="checkbox"/> Review consequences <input type="checkbox"/> Set limits <input type="checkbox"/> Downplay or ignore behaviors </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Take a break (self-initiated) <input type="checkbox"/> Take a break (staff-initiated) <input type="checkbox"/> Verbal prompts <input type="checkbox"/> Verbal warning <input type="checkbox"/> Use of coping skill (specify) <input type="radio"/> _____ <input type="radio"/> _____ <input type="checkbox"/> Use BIP strategies (specify) <input type="radio"/> _____ <input type="radio"/> _____ </td> </tr> </table>				<input type="checkbox"/> Active listening <input type="checkbox"/> Showing empathy <input type="checkbox"/> Communicating expectations <input type="checkbox"/> Offering choices <input type="checkbox"/> Redirection <input type="checkbox"/> Engage in a physical activity, i.e. a walk around the school building <input type="checkbox"/> Engage in a calming activity, i.e. a sensory room activity <input type="checkbox"/> Offer help or support for the task <input type="checkbox"/> Other (specify) <input type="radio"/> _____	<input type="checkbox"/> Involve preferred staff <input type="checkbox"/> Change setting <input type="checkbox"/> Positive feedback <input type="checkbox"/> Proximity control <input type="checkbox"/> Modify instruction <input type="checkbox"/> Remove audience <input type="checkbox"/> Remove target <input type="checkbox"/> Review consequences <input type="checkbox"/> Set limits <input type="checkbox"/> Downplay or ignore behaviors	<input type="checkbox"/> Take a break (self-initiated) <input type="checkbox"/> Take a break (staff-initiated) <input type="checkbox"/> Verbal prompts <input type="checkbox"/> Verbal warning <input type="checkbox"/> Use of coping skill (specify) <input type="radio"/> _____ <input type="radio"/> _____ <input type="checkbox"/> Use BIP strategies (specify) <input type="radio"/> _____ <input type="radio"/> _____
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6	<p>Circumstance(s) that Made the Use of the Emergency Intervention Necessary</p> <p>(5-A 28 DCMR § 2816.1)</p>			
Precipitating behavior that prompted use of physical management/restraint or seclusion:				
<input type="checkbox"/> Imminent, serious physical harm to self (the involved student) <input type="checkbox"/> Hitting self <input type="checkbox"/> Kicking self <input type="checkbox"/> Scratching self <input type="checkbox"/> Choking self <input type="checkbox"/> Biting self <input type="checkbox"/> Stabbing self <input type="checkbox"/> Other: __	<input type="checkbox"/> Imminent, serious physical harm to another student <input type="checkbox"/> Hitting another student <input type="checkbox"/> Kicking another student <input type="checkbox"/> Scratching another student <input type="checkbox"/> Choking another student <input type="checkbox"/> Biting another student <input type="checkbox"/> Pushing another student <input type="checkbox"/> Throwing objects <input type="checkbox"/> Stabbing another student <input type="checkbox"/> Other: __	<input type="checkbox"/> Imminent, serious physical harm to staff <input type="checkbox"/> Hitting staff <input type="checkbox"/> Kicking staff <input type="checkbox"/> Scratching staff <input type="checkbox"/> Choking staff <input type="checkbox"/> Biting staff <input type="checkbox"/> Pushing staff <input type="checkbox"/> Throwing objects <input type="checkbox"/> Stabbing staff <input type="checkbox"/> Other: __	<input type="checkbox"/> Imminent, serious physical harm to other <input type="checkbox"/> Hitting other <input type="checkbox"/> Kicking other <input type="checkbox"/> Scratching other <input type="checkbox"/> Choking other <input type="checkbox"/> Biting other <input type="checkbox"/> Pushing other <input type="checkbox"/> Throwing objects <input type="checkbox"/> Stabbing other <input type="checkbox"/> Other: __	
Description of the circumstance(s):				

¹ If the incident involved more than one student, ensure that the copy of the report that is uploaded to the student's file only includes the personally identifiable information (PII) for that particular student and that any PII belonging to another student is redacted from the report.

7				
Log of Events (5-A 28 DCMR § 2820.2(f))				
Type of Intervention Used (5-A 28 DCMR § 2820.2(f))	Beginning Time (5-A 28 DCMR § 2820.2(c))	Ending Time (5-A 28 DCMR § 2820.2(c))	Duration ^{2,3} (in minutes)	Student Response to Intervention Is the student displaying any signs of physical distress? Is the student's behavior escalating, deescalating, or remaining the same?
<input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint Type of Restraint:				
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Was the student provided an explanation of the behavior that resulted in restraint or seclusion? (5-A 28 DCMR §§ 2816.3 & 2819.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the student provided instructions on the behavior required to be released from the restraint or seclusion? (5-A 28 DCMR §§ 2816.3 & 2819.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the incident result in injury to the student? (5-A 28 DCMR § 2820.2(h))	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe the injury:
Did the incident result in student injury to staff? (5-A 28 DCMR § 2820.2(h))	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe the injury:
Did the incident result in student injury to any other person? (5-A 28 DCMR § 2820.2(h))	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe the injury:
If yes, was medical attention required?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe the medical attention that was sought and/or provided:
Did the incident result in property destruction? (5-A 28 DCMR § 2820.2(h))	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:

8	A Description Of the Events That Occurred After the Emergency Intervention Ended (Where did the student go? How did they get there? Did the student process the incident with a therapist or any of the staff or student(s) involved?)
Action(s) taken as a result of the incident (check all that apply):	
<input type="checkbox"/> Police called <input type="checkbox"/> Ambulance called <input type="checkbox"/> CPS called <input type="checkbox"/> Transported to hospital for emergency review <input type="checkbox"/> Sent home alone <input type="checkbox"/> or with <input type="checkbox"/> Other:	

² Pursuant to 5-A 28 DCMR § 2816.3, the use of physical restraints shall be limited to the shortest time period necessary to protect the student or other person from imminent, serious physical harm. The restraint must end as soon as the student or other person is no longer in imminent danger.

³ Pursuant 5-A 28 DCMR § 2819.5, nonpublic special education school or program personnel shall continuously monitor a student placed in seclusion and speak with the student every ten (10) minutes at minimum. After thirty (30) minutes, the Director, Head of Special Education or other senior personnel shall personally observe the student to assess the need for continued seclusion. No seclusion shall continue longer than one (1) hour.

Need for follow-up medical care? Not Applicable No Yes (if so, please describe):

9 Narrative and/or Additional Information
Provide any information that may be relevant to understanding what happened and endeavoring to ensure that such incidents do not reoccur in the future.

10 A Description of the Short-Term Planned Approach to Addressing the Student's Behavior in the Future
(5-A 28 DCMR § 2820.2(j))

Student-Focused:

Staff-Focused:

11 Incident Reporting and Follow-up
(5-A 28 DCMR §§ 2820.3-2820.4)

The written incident report must be placed in the student's permanent file within twenty four (24) hours of the incident. (5-A 28 DCMR § 2820.3)

Required Action	Date	Time	Staff Name	Staff Initials
Upload incident report to SEDS				

A copy of the written incident report must be sent within one (1) business day of the incident to the student's parent(s), the sending LEA, and any other District of Columbia agency involved in the student's placement.
(5-A 28 DCMR § 2820.4)

Required Recipients	Date	Time	Mode	Staff Name	Staff Initials
Student's parent/Student ⁴			<input type="checkbox"/> By e-mail <input type="checkbox"/> By mail <input type="checkbox"/> Hand delivered		
Student's LEA of enrollment			<input type="checkbox"/> By e-mail <input type="checkbox"/> By mail <input type="checkbox"/> Hand delivered		
Other DC agency involved in the student's placement			<input type="checkbox"/> By e-mail <input type="checkbox"/> By mail <input type="checkbox"/> Hand delivered		

Is an IEP Meeting required pursuant to 5-A 28 DCMR § 2820.5?	
Does the student's IEP authorize the use of the emergency intervention to address specific behaviors under defined circumstances? (5-A 28 DCMR § 2816.1(a))	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the behavior that necessitated the use of the emergency intervention in this instance the same as the behavior specified in the student's IEP? (5-A 28 DCMR § 2816.1(a))	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a BIP? (5-A 28 DCMR § 2814)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the response to any of the questions above was 'no', an IEP team meeting must be held within 10 days of this incident.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date IEP Meeting was held	Date student's parent was invited Date LEA was notified

⁴ The incident report should be provided to students 18 years of age or older and have their own educational decision-making rights.

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12	Nonpublic School or Program Staff Involved <small>(5-A 28 DCMR § 2820.2(i))</small>	
Staff Name (Print) (Last, First) <small>(5-A 28 DCMR § 2820.2(i))</small>	Staff Signature ⁵ <small>(5-A 28 DCMR § 2820.2(i))</small>	Intervention Role ⁶ <small>(5-A 28 DCMR § 2820.2(i))</small>

13	Quality Assurance Review for School Administrators	
Does the incident report include all required information? <small>(5-A 28 DCMR § 2820.2 (a-j))</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the emergency intervention applied only after less-intrusive non-physical interventions were tried and failed, or determined inappropriate? <small>(5-A 28 DCMR § 2816.1(b))</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, what less-intrusive, non-physical interventions could have been attempted?		
Was the emergency intervention used under an emergency circumstance as defined by 5-A 28 DCMR § 2816.1(b)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, describe the corrective action required:		

14	Administrator Review		
Administrator's Name (Print)	Administrator's Signature ⁷	Position	Date

⁵ Handwritten signatures are required in this section. Font substitutions are not considered to be an acceptable legal signature (e.g., *John Q. Doe*).

⁶ The individual(s) who implemented the intervention (**Implementer**), the individual(s) who monitored the intervention (**Monitor**), and the individual(s) who supervised the intervention (**Supervisor**)

⁷ Handwritten signatures are required in this section. Font substitutions are not considered to be an acceptable legal signature (e.g., *John Q. Doe*).