

## Hennepin Elementary District Oversight Committee

Meeting Date \_\_\_\_\_

Student	Date	Day of Week	Time of Day	Duration of Hold	Type of Hold	Names of Staff Involved	Type of Injury (if any)	Emergency Y N	Other Factors
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
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								<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Hennepin Elementary

## District Oversight Committee

Meeting Date \_\_\_\_\_

**Summary of Restrictive Procedures Data:**

Frequency of Use Compared to Previous Review	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Same
Duration of Use Compared to Previous Review	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Same
Were positive interventions consistently used prior to use of a restrictive procedure?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were parents routinely notified on the same day of the procedure or within 2 days via written or electronic notice?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a pattern of antecedents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Is there a pattern of behaviors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Is there a pattern of staff responses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Restrictive procedures are documented in the EIP or attached BIP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a pattern of interventions that escalated student behaviors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Were procedures routinely discontinued when threat of harm ended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were procedures routinely used only in an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a need for additional staff training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Identify additional proposed actions, if any, to minimize the use of restrictive procedures.

**Members of the Oversight Committee Team:** \_\_\_\_\_

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