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| **RESTRICTIVE PROCEDURES OVERSIGHT COMMITTEE FORM** | |
| **Meeting Date:** | **District/Program:** |

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| **The oversight committee has:** | **Comments & Discussion:** |
| * Reviewed any Restrictive Procedures based on patterns or problems indicated by similarities in: * Time of day * Day of the week * Duration or use of a procedure * Individuals involved * Other factors |  |
| * Reviewed the number of times a Restrictive Procedure was used school-wide and for individual children.   + Including students in general education and those eligible for special education services. |  |
| * Reviewed any disproportionate use of Restrictive Procedures based on patterns or problems indicated by:   + Race   + Gender   + Disability status   + Role of the school resource officer (SRO) or police in instances of imminent emergencies |  |
| * Reviewed the number and types of injuries resulting from the use of restrictive procedures. |  |
| * Reviewed whether restrictive procedures are used for non-emergency situations. |  |
| * Reviewed the need for additional staff training. |  |
| * Reviewed proposed actions to minimize the use of restrictive procedures. |  |
| * Reviewed any restrictive procedures law updates. * Minnesota Statutes, section 125A.0942 (Standards of Restrictive Procedures) * Minnesota Statutes, section 121A.58 (Corporal Punishment) * Minnesota Statutes, section 121A.582 (Student Discipline & Reasonable Force) |  |
| * Reviewed all forms for completion. |  |
| * Reviewed post-use debriefing forms. |  |
| * Reviewed IEP meetings (if Restrictive Procedures were used 2 times in 30 days, a meeting must be scheduled with the IEP team no later than…) |  |
| * Reviewed district practices regarding restrictive procedures. |  |

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| **OVERSIGHT COMMITTEE MEMBER SIGNATURES:** | |
| General Education Administrator |  |
| Special Education Administrator |  |
| Expert in Positive Behavior Strategies |  |
| Mental Health Professional, School Psychologist, or School Social Worker |  |
| Other (if applicable) |  |
| Other (if applicable) |  |
| Other (if applicable) |  |