

Seclusion/Restraint Incident Report

STUDENT NAME: _____ SCHOOL: _____

Ethnicity: _____

Intervention Utilized (Circle all that apply): SECLUSION RESTRAINT

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

TIME OF SECLUSION (if utilized): _____ DURATION OF SECLUSION (if utilized): _____

TIME OF RESTRAINT (if utilized): _____ DURATION OF RESTRAINT (if utilized): _____

BEHAVIOR(S) THAT PROMPTED THE SECLUSION AND/OR RESTRAINT (mark all that apply):

- Physical Harm to Self Physical Harm to Others
- Serious Property Damage Other defined in IEP/BIP/Action Plan

Possible antecedents/events leading to the incident:

INTERVENTIONS USED PRIOR TO SECLUSION/RESTRAINT (mark all that apply):

- ___ Acknowledged feelings ___ Set clear limits ___ speak privately ___ Soft tone of voice
- ___ Reduced verbal interaction ___ Empathy ___ Movement break ___ Allow personal space
- ___ Provide choices ___ Cool down area ___ Assist with task ___ Removal of other individuals

Other: _____

LOG OF STUDENT BEHAVIOR DURING SECLUSION/RESTRAINT:

APPROVED RESTRAINT TECHNIQUE USED:

- ___ Interim Control, or Held Hands for 30 seconds or more
- ___ Children’s Control ___ Team Control

If application:

___ Was the intervention consistent with the student’s most current Behavioral Intervention Plan or Individual

Education Plan

List staff who participated in seclusion/restraint:

Staff who checked student for injuries following incident: _____

Were there any injuries? YES NO Explain:

Were there any injuries to others? YES NO Explain:

Parent/Guardian notified via: (MUST be notified by the end of school day.) If Other, explain:		Date Notified:	Time:	Notified By:
Principal notified via: (MUST be notified by the end of school day). If Other, explain:		Date Notified:	Time:	Notified By:
Director of Special Education or Supervisor (if student has a disability) notified via: If Other, explain:		Date Notified:	Time:	Notified By:
Debriefing meeting location:	Date:	Time:	Parents notified of debriefing:	Parents notified via:
Incident was processed with student:	Date:	Processed By:		
The Superintendent must be notified within <u>3</u> school days if: <ul style="list-style-type: none"> ● Injury occurred ● Physical restraint occurred for more than 15 minutes ● Student has been secluded or restrained 3 or more times per school year ● Student has been secluded or restrained more than once in a school day ● The student is not on a Behavior Support Plan ● The intervening staff member was not trained in approved verbal AND physical intervention techniques ● The intervening staff member did not follow trained procedures 				Superintendent notified via: Superintendent notified by:

Note: Disability _____ RTI _____ 504 _____

Signed: _____

Role: _____

Updated Nov. 2018