



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

Possible antecedents/events leading to the incident:

Other Behaviors Exhibited During the Event:

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
\_\_\_ Team Control \_\_\_ Children's 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 for all students via: (MUST be notified by the end of school day). If Other, explain:		Date Notified:	Time:	Notified By:
Director of Special Education and 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"><li>• Injury occurred</li><li>• Physical restraint occurred for more than 15 minutes</li><li>• Student has been secluded or restrained 3 or more times per school year</li><li>• Student has been secluded or restrained more than once in a school day</li><li>• The student is not on a Behavior Support Plan</li><li>• The intervening staff member was not trained in approved verbal AND physical intervention techniques</li><li>• The intervening staff member did not follow trained procedures</li></ul>				Superintendent notified via:  Superintendent notified by:

Note: Disability \_\_\_\_\_ RTI \_\_\_\_\_ 504 \_\_\_\_\_

Signed: \_\_\_\_\_ Role: \_\_\_\_\_

Please add any additional information on the back of this form.

Copy of this form to the Corporation Office \_\_\_\_\_ Copy of this form to Director of Special Education \_\_\_\_\_

**SECLUSION/RESTRAINT INCIDENT DEBRIEFING DOCUMENTATION**

Student Name:	Date of debrief:	Date of incident:
<b>Members present at debriefing</b>		<b>Position/Title</b>

Does the student appear to understand the reason for the seclusion or restraint?

Does the student have any suggestions to help them avoid seclusion or restraint in the future?

Does the staff understand and acknowledge proper restrictive intervention practices?

Does the staff believe proper restrictive intervention practices were followed?

Does the staff have any suggestions to avoid restrictive intervention in similar situations in the future?

Is a Behavior Plan or Functional Behavioral Assessment needed?

Does the Parent(s) understand the reason for the seclusion or restraint?

Does the Parent(s) wish to offer any input regarding this or future intervention strategies?

**SIGNATURES:**

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent/Guardian:

Our district is committed to maintaining a positive and safe learning environment for all and ensuring that any use of seclusion or restraint follows all of the requirements Indiana Code 20-20-40-13.

This notice provides documentation of seclusion/restraint that was used with \_\_\_\_\_

on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ am/pm.

The following is a description of the incident including seclusion/restraint and other interventions used:

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You have a right to participate in a debriefing session which is scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ am/pm. If you would like to discuss this intervention or to request a change in the time/date of the debriefing session, please contact the Building Administrator.

Our goal is to provide a safe and caring environment for all members of our school community. We are committed to working with you and your child to help us avoid this type of intervention in the future.

Sincerely,

**BUILDING PRINCIPAL- SEND THE DAY OF INCIDENT**