

SECLUSION AND RESTRAINT IN SCHOOLS – Incident Report

Any School District employee required to use Seclusion or Restraint must submit this Incident Report to their direct supervisor within 24 hours of using Seclusion or Restraint.

Circle one: Restraint / Isolation Room / Seclusion from Learning Environment

Date of Seclusion/Restraint: _____

Name of Student: _____

Student's Teacher: _____

Staff Member(s) that Implemented Restraint/Seclusion: _____

Other Student(s) Involved: _____

For the following, please describe in detail, attaching additional pages if necessary:

1. Antecedents, interventions, and other relevant factors:
2. Description of the intervention utilized:
3. Time and duration:
4. Student's response:

5. Administrative review, if necessary:

6. Status assessment:

7. Release or reentry factors:

8. Injuries, if any:

9. Summary of Debriefing:

Signature

Date: _____

Supervisor Notes: