

RESTRAINT AND SECLUSION  
INCIDENT REPORT FORM

\_\_\_\_\_  
Student Name Date of Incident

Does this student have a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the disability? \_\_\_\_\_

Student ethnicity: \_\_\_\_\_ Student gender: \_\_\_\_\_

Teacher/class/grade \_\_\_\_\_

Staff person(s) initiating restraint; others present/involved:

Staff person(s) initiating seclusion; others present/involved:

Describe the behavior that led to restraint/seclusion, including time, location, activity, others present, others contributing factors:

Procedures used to attempt to de-escalate the student prior to using restraint/seclusion:

Describe the restraint/seclusion:

Duration of time of restraint/seclusion:

\_\_\_\_\_  
Staff member submitting report

Submitted to Administration at \_\_\_\_\_ time \_\_\_\_\_ date

Adopted: July 9, 2018

Amended: July 13, 2022