

**INCIDENT REPORT aligned with CHAPTER 33
(PHYSICAL RESTRAINT or SECLUSION OF A STUDENT)**

Name of School/Program _____
Name of Person Completing the Report _____
Date of Report _____

Student Involved

Student name _____ Age _____ Gender _____ Grade _____

Student has (check all that apply): IEP ___ ; 504 plan ___ ; behavior plan ___ ;
IHP _____ ; other plan (identify) _____ ; none of these plans ___

Description of the Incident

Date of incident _____ Beginning time of incident _____
Ending time of incident _____ Total time of incident _____

Location of the incident (be specific) _____

Description of the incident, including the resolution and process of return of student to program
(if appropriate) _____

Description of prior events and circumstances _____

Less restrictive interventions tried prior to the use of physical restraint/seclusion (if none used,
explain why) _____

Student behavior that justified the use of physical restraint/ seclusion

Description of Restraint or Seclusion; Staff Involved

Detailed description of the physical restraint/seclusion used _____

Staff person(s) involved, their role in the use of physical restraint/ seclusion, and their certification, if any, in an approved training program

Bodily Injury of Student or Staff

Did student or a staff member sustain bodily injury? Yes ___ No ___
If yes, name of person(s) sustaining injury _____
Describe injury(ies) sustained _____

Date and time of nurse or response personnel notification and treatment administered (if any)

Did student sustain serious bodily injury or death? Yes ___ No ___
If yes, date and time of notification to the DOE _____

Notification; Debriefing;

Date, time, and method of parent notification _____
Date and time of staff debriefing _____
Date and time of student debriefing _____

Has student been involved in 2 or more prior incidents during the current school year?
Yes ___ No ___
If yes, date and time of required team meeting _____