

WINDHAM PUBLIC SCHOOLS

INCIDENT REPORT OF SECLUSION

Note: This report is required to be submitted to the Director of Pupil Services as soon as practicable after an incident involving Seclusion, but in no event later than 24 hours after the incident; CSDE requires reporting within 2 business days.

Any use of Seclusion is to be documented in the child's educational record and, if appropriate, in the child's school health record.

Seclusion: The confinement of a person in a room, whether alone or with supervision by a Board of Education employee, in a manner that prevents the person from leaving the room.

STUDENT INFORMATION:

Name of Student: _____ Date of Seclusion: _____
 Date of Birth: _____ Age: _____ Gender: _____ SASID #: _____ Grade Level: _____
 Does The Student Currently Receive Special Education Services? Yes No
 If Yes: Primary Disability: _____
 Is The Student Being Evaluated For Eligibility For Special Education Services? Yes No
 If Yes: Date The Parent/Guardian Signed The Notice & Consent to Conduct An Evaluation: _____
 School: _____ Site of Seclusion: _____
 This Report Is Prepared By: _____ Position: _____ Date of Report: _____

STAFF ADMINISTERING SECLUSION:

Name: _____ Title: _____ Initial Report Reviewed: _____
 Name: _____ Title: _____ Initial Report Reviewed: _____
 Name: _____ Title: _____ Initial Report Reviewed: _____

STAFF MONITORING SECLUSION:

Name: _____ Title: _____ Initial Report Reviewed: _____
 Name: _____ Title: _____ Initial Report Reviewed: _____

BUILDING ADMINISTRATOR WHO WAS VERBALLY INFORMED REGARDING THE SECLUSION:

Name: _____ Title: _____ Initial Report Reviewed: _____
 Name: _____ Title: _____ Initial Report Reviewed: _____

STUDENT'S BEHAVIOR PRECIPITATING SECLUSION:

Description Of Activity In Which The Secluded Or Other Students Were Engaged Immediately Preceding Emergency Use Of Seclusion: _____

Description Of The Risk Of Immediate Or Imminent Injury To The Student Secluded Or Others That Required Use Of Seclusion: _____

Description Of Other Steps, Including Attempts At Verbal De-Escalation, To Prevent The Emergency Necessitating Use Of Seclusion:

- | | | | |
|--|---|--|---|
| <p>INTERRUPTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Give Extra Attention To Student <input type="checkbox"/> Remind Student of Consequences <input type="checkbox"/> Provide Reality Testing <input type="checkbox"/> Communicate Expected Behaviors <input type="checkbox"/> Give Reassurance <input type="checkbox"/> Model The Appropriate Behavior <input type="checkbox"/> Humor <input type="checkbox"/> Introduce The Unexpected | <p>IGNORING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Planned Ignoring <input type="checkbox"/> De-Value The Maladaptive Behavior <input type="checkbox"/> Time and Space | <p>REDIRECTING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allow Ventilation of Feelings <input type="checkbox"/> Help Student With Problem <input type="checkbox"/> Physical Activities <input type="checkbox"/> Verbal Persuasion | <p>REWARDING / REINFORCING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Praise <input type="checkbox"/> Value The Student <input type="checkbox"/> Tactile Rewards <input type="checkbox"/> Valued Activities <input type="checkbox"/> Edibles |
|--|---|--|---|
- Other: _____

DESCRIPTION OF SECLUSION:

Justification For Initiating Seclusion:

- Necessary To Protect Student From Immediate Or Imminent Risk Of Injury
- Necessary To Protect Others From Immediate Or Imminent Risk Of Injury

Regular Evaluation Of The Student Being Secluded For Signs Of Physical Distress:

Time: _____ Evaluation: _____

Time: _____ Evaluation: _____

Time: _____ Evaluation: _____

Time: _____ Evaluation: _____

Time: _____ Evaluation: _____

Time Seclusion Began: _____ Time Seclusion Ended: _____

Total Time (In Minutes): _____

If the student is secluded for a period exceeding 15 minutes, an administrator, administrator’s designee, school health or mental health personnel or board certified behavior analyst who has received training (“qualified staff”) in the use of Seclusion shall determine whether continued Seclusion is necessary to prevent immediate or imminent injury to the student or others. Qualified staff shall make a new determination every 30 minutes thereafter.

15 MINUTE Determination Of The Necessity Of Continued Seclusion: _____ AM/PM By _____

30 MINUTE Determination Of The Necessity Of Continued Seclusion: _____ AM/PM By _____

30 MINUTE Determination Of The Necessity Of Continued Seclusion: _____ AM/PM By _____

CESSATION OF SECLUSION: (Check All That Apply):

- Determination By Staff Member That Student Was No Longer A Risk To Himself/Herself Or Others
- Intervention By Administrator(s) To Facilitate De-Escalation
- Law Enforcement Personnel Arrived
- Staff Sought In-House Assistance
- Community Emergency Personnel Arrived
- Other (Describe): _____

INJURY STATUS:

- Was The Child Injured During The Emergency Use Of Seclusion? Serious Non-Serious
- No Evidence Of An Injury To The Student Or A Staff Member Was Observed.
- Evidence Of A Potential Injury To The Student Was Observed.
- Evidence Of A Potential Injury To A Staff Member Was Observed.

Description Of Injury To Student/Staff And Any Medical Or First Aid Care Provided: _____

Medical Staff Name: _____ Time Medical Staff Checked Injured Person: _____

Medical Staff Actions: _____

This Incident Report Filed With The Following School District Official: _____ Date: _____

ACTION THE SECLUSION

- Student Regained Control And Rejoined The Class
- Student Went To Support Area Then Rejoined The Class
- Student Went Home With Parent / Guardian
- Student Was Assessed By Community Agency

Action The School Will Take Following The Seclusion

- Reviewed Incident With Student To Address Behavior That Precipitated The Seclusion
- Debrief With Staff Regarding Incident
- Consider Whether Follow-up Is Necessary For Students Who Witnessed The Incident
- Further Contact With Parents (Describe): _____
- Other: _____

EFFECT ON THE PROCEDURE ON THE STUDENT'S EDUCATIONAL / BEHAVIORAL PLAN

Indicate Whether Modification To The Student's Educational / Behavioral Plan Is Recommended:

- No Modification Is Recommended At This Time.
- Modification Is Recommended For The Following Reason(s): _____

A PPT IS REQUIRED IF THIS INCIDENT MARKS THE 4TH INCIDENT OF RESTRAINT OR SECLUSION WITHIN A TWENTY SCHOOL DAY PERIOD.

Is This The 4th Incident Of Restraint And/Or Seclusion In The Past 20 days? Yes No

- Convene PPT To Discuss Eligibility For Special Education
- Convene PPT To Discuss Conducting A Functional Behavior Assessment
- Convene PPT To Review/Revise Behavior Intervention Plan and/or IEP

PARENT/GUARDIAN NOTIFICATION (REQUIRED FOR ALL SECLUSIONS):

Parent/Guardian Who Was Verbally Informed Of This Seclusion:

Name: _____ Telephone: _____

Date: _____ Time: _____

Called By: _____ Title: _____

Date Notice Mailed to Parent: : _____ **Must Be Mailed To Home Within 2 Days of Incident**

Mailed By: _____ Title: _____

Reviewed By: _____ Date: _____
(Building Administrator)

Reviewed By: _____ Date: _____
(Director of Pupil Services)

FOR DIRECTOR:

- Reviewed Seclusion Report
- Reviewed Behavior Plan, If Applicable
- In Considering The Effect Of The Seclusion On The Student's Established Behavioral Support Or Educational Plan I Find The Following: _____

Is The PPT Scheduled In IEPdirect? Yes No