

PHYSICAL RESTRAINT AND/OR SECLUSION REPORT

Notification to parent/guardian and Building Principal/Assistant must be made within the same day as incident. Complete form with those involved in the incident and submit within two days to the Special Education office. The Special Education office will send the report home to parent/guardian.

A. STUDENT INFORMATION

NAME OF STUDENT:

SCHOOL:

GRADE:

AGE:

GENDER:

Does the student have an: IEP 504 Plan Behavior Plan IHP Other Plan (if other, please specify type)

B. INCIDENT INFORMATION:

Date of incident:

Location(s) of incident (be specific):

Did the incident involve:

Physical Restraint

Seclusion

Both

Physical Restraint Type:

Blocking

Hold

Involuntary Escort

Total duration of incident from start of restraint/seclusion to when the student was able to return to regular programming:

If physical restraint and/or seclusion were used more than once during the incident, specify the beginning and ending time of each use:

Describe the circumstances and specific student behavior that led to staff intervention:

Describe what interventions were tried prior to the use of physical restraint and/or seclusion and student response (if none were tried, explain why):

Student behavior that justifies use of physical restraint or seclusion. (What is the risk of serious injury):

Describe the restraint/seclusion as it happened:

