SECLUSION AND RESTRAINT Incident Report Form

Student Name	Date of Inci	dent
Does this student have a disability? If yes, what is the disability?	Yes	_ No
Student ethnicity: Stu	udent gender: _	
Teacher/class/grade:		
Staff person(s) initiating restraint; o	others present/	involved:
Staff person(s) initiating seclusion; o	others present/	involved:
Describe the behavior that led to restr time, location, activity, others preser factors:		
Procedures used to attempt to de-escala using restraint/seclusion:	ate the student	prior to
Describe the restraint/seclusion:		
Duration of time of restraint/seclusion	n:	
Staff member submitting report		
Submitted to administration at	(time)	(date)

[July 2018]