## **FALL River School District**



**Seclusion or Restraint Reporting Sheet**

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| --- | --- | --- | --- | --- | --- |
| Student Name |  | | | Date of Incident | |
| Teacher/Class/Grade | |  | | Time in/time out |  |
| Staff person initiating seclusion/restraint;  others present/involved: | | |  | | |
| Describe the behavior that led to seclusion/restraint, including time, location, activity, others present, other contributing factors: | | | | | |
| Procedures used to attempt to de-escalate the student prior to using seclusion/restraint: | | | | | |
| Student behavior during seclusion/restraint:  Was there any injury or damage? □ Yes □ No  If yes, describe: | | | | Student behavior after seclusion/restraint: | |
| Follow-up with student after the seclusion/restraint | | | | | |
| Is other follow-up needed (e.g., IEP meeting, additional evaluation, discussion with others)? □ Yes □ No  If yes, specify: | | | | | |
| Parent contact: | | | | Administrative contact: | |
| Person Completing Report: | | | | Date: | |

Cc: Administration

Director of Special Education

School Counselor

Student File