##  **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 □ NoIf 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 □ NoIf yes, specify: |
| Parent contact: | Administrative contact: |
| Person Completing Report:  | Date: |

Cc: Administration

 Director of Special Education

 School Counselor

 Student File