

Seclusion or Restraint Incident Report

Administrative Form for Policy 5630.01

(to be completed after each incidence of restraint or use of seclusion)

Name of student:

Race/ethnicity of student:

IDEA or Section 504 disability (if applicable):

Date and time of incident:

Duration of seclusion or restraint

Beginning time:

Ending time:

Description of events leading up to incident:

Description of interventions used prior to the implementation of seclusion or restraint:

Description of events or student behavior that resulted in implementation of seclusion or restraint
(include a description of the danger of injury necessitating the seclusion or restraint):

Log student's behavior during the seclusion or restraint (include description of restraint technique[s]
used and any other interaction between student and staff):

Description of injuries to student, staff, or others:

Description of any property damage:

Plan for dealing with this student's behavior in the future:

List of any school personnel who participated in the implementation, monitoring, and supervision of seclusion or restraint. If a restraint incident, indicate whether personnel had training in restraint.

Date(s) and time(s) and method(s) for attempting to reach parents:

Date parent was provided copy of this incident report: