

Estacada School District 108

Code: **JGAB-AR(3)**
Revised/Reviewed: 8/15/07; 8/10/16
Orig. Code(s): JGAB-AR(3)

Seclusion Incident Report

“Seclusion” means the involuntary confinement of a student alone in a room where the student must stay until given permission to exit. “Seclusion” does not include “time out” which means removing a student for a short time to provide the student with an opportunity to regain self-control, in a setting from which the student is not physically prevented from leaving. OAR 581-021-0062(1)(b & c)

A. Student Information				
Student Name:	SSID#:	Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:
B. School Information				
School:	Address:	District:		
C. Incident Description				
Date Incident Occurred:	Time seclusion began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time seclusion ended: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) that lead to seclusion:			
Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	Description of activity the students were engaged in immediately preceding use of seclusion:			
Thorough description of efforts made to deescalate and alternatives to seclusion that were attempted:				

Why was the use of seclusion necessary?	How seclusion ended (check all that apply): <input type="checkbox"/> Determination by staff member that student no longer required seclusion <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Other (describe):
Student's behavior during seclusion:	Student's behavior after seclusion:
Staff member(s) responsible for continuous monitoring of student's status during seclusion:	Location of seclusion room: Seclusion room meets the following criteria: <input type="checkbox"/> Allow staff full view of the student in all areas of the room <input type="checkbox"/> Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets
E. Observers	
Staff members/other adult witnesses (include name and position):	Student(s):

F. Parent Notification¹		
Name of parent(s) contacted: Phone number: Date and time of contact: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M	Documented attempt to contact parent if unable to contact verbally (describe):	Contacted by the following staff member (include name and position):

This report has been prepared by:

Name

Position

Address:

Phone

¹Oral or written notification of parents or guardians following the use of seclusion is required by the end of the day the incident occurred. OAR 581-021-0062(2)(g)

Seclusion Incident Debriefing Notes

Within two school days of the use of seclusion, a documented debriefing by appropriate staff must occur, including staff involved in the seclusion. OAR 581-021-0062(2)(h) The purpose of the debriefing is to review the incident and take any necessary actions to reduce the chances that such an incident will recur. Those attending the debriefing meeting shall have the opportunity to review the Seclusion Report documenting the incident.

A. Student Information				
Student Name:	SSID#:	Date of Birth:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:
B. School Information				
School:	Address:	District:		
Date of debriefing:	Time of debriefing meeting:	Location:		
C. Debriefing Notes				

D. Follow-up Actions:

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Signatures of those attending the debriefing meeting:

Position

Teacher

Principal or Administrator

Case Manager

This report has been prepared by:

Name

Position

Address:

Phone

Physical Restraint and Seclusion Student Incident Log

Copies of Physical Restraint/Seclusion Incident Reports and Debriefing Reports are attached.

Student Name:		SSID#:	Date of Birth:	School Year:
School:		Grade:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Behavior Support Plan	
Incident				
Check all that apply: <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Unusual Incident (describe):	Incident details: Date: _____ Time: _____ (Begins) (Ends) Duration: _____ Location: _____ Date of debriefing: _____		Staff Involved:	
Incident				
Check all that apply: <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Unusual Incident (describe):	Incident details: Date: _____ Time: _____ (Begins) (Ends) Duration: _____ Location: _____ Date of debriefing: _____		Staff Involved:	

Incident

<p>Check all that apply:</p> <p><input type="checkbox"/> Physical Restraint</p> <p><input type="checkbox"/> Seclusion</p> <p><input type="checkbox"/> Unusual Incident (describe):</p>	<p>Incident details:</p> <p>Date: _____</p> <p>Time: _____</p> <p>(Begins) (Ends)</p> <p>Duration: _____</p> <p>Location: _____</p> <p>Date of debriefing: _____</p>	<p>Staff Involved:</p>
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Incident

<p>Check all that apply:</p> <p><input type="checkbox"/> Physical Restraint</p> <p><input type="checkbox"/> Seclusion</p> <p><input type="checkbox"/> Unusual Incident (describe):</p>	<p>Incident details:</p> <p>Date: _____</p> <p>Time: _____</p> <p>(Begins) (Ends)</p> <p>Duration: _____</p> <p>Location: _____</p> <p>Date of debriefing: _____</p>	<p>Staff Involved:</p>
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