

Use of Restraint and Seclusion Incident Form

1. Name of student: _____
2. Name of staff member(s) administering the physical restraint or seclusion: _____

3. Date of the restraint or seclusion, and the time the restraint or seclusion began and ended: _____

4. Location of the restraint or seclusion: _____
5. A description of the restraint or seclusion: _____

6. A description of the student's activity immediately preceding the behavior that prompted the use of restraint or seclusion: _____

7. A description of the behavior that prompted the use of restraint or seclusion: _____

8. Efforts to de-escalate the situation and alternatives to restraint or seclusion that were attempted:

9. Information documenting parent contact and notification: ~~and~~ _____

10. A summary of the debriefing meeting held: _____

Staff Signature: _____ Date: _____

Building Principal Signature: _____ Date: _____