RESTRAINT AND SECLUSION INCIDENT REPORT FORM

_____ _____

Learner Name Date of Incident

Does this learner have a disability? _____ Yes _____ No

_____

If yes, what is the disability? _____

Learner ethnicity: _____ Learner gender:_____

Teacher/class/grade: _____

Staff person(s) initiating restraint; others present/involved: _____

_____

_____

Staff person(s) initiating seclusion; others present/involved: _____

_____

_____

Describe the behavior that led to restraint/seclusion, including time, location, activity, others present, other contributing factors:

_____

_____

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_____

Procedures used to attempt to de-escalate the learner prior to using restraint/seclusion:

_____

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_____

_____

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_____

~~Describe the restraint/seclusion:~~

~~Duration of time of restraint/seclusion:~~

~~Staff member submitting report~~

~~Submitted to Administration at _____time _____date~~

~~Notification: 03/14/2022~~
~~1st Reading: 04/11/2022~~
~~2nd Reading/Approval: 05/09/2022~~