

**RESTRAINT AND SECLUSION
INCIDENT REPORT FORM**

Student Name

Date of incident

Does this student have a disability? ____ Yes ____ No

If yes, what is the disability? _____

Student ethnicity: _____

Student 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:

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

Describe the restraint/seclusion:

Duration of time of restraint/seclusion

Staff member submitting report

Submitted to Administration at _____ time _____ date

1st Reading-7/16/2018

2nd Reading-8/20/2018

Date Adopted-8/20/2018

Last Revised-