Seclusion/Restraint School Incident Report

|  |  |  |
| --- | --- | --- |
| School Name | Address | Today’s Date |
| Date of Incident | Time of Incident  |  |
| Name of Student | Name of responding staff member | Location of incident |

|  |
| --- |
| List school personnel who participated in the implementation, monitoring, and supervision of seclusion or restraint.  |

|  |
| --- |
| Has staff member received seclusion/restraint training? YES NO |

|  |
| --- |
| Narrative of incident (Narrative should include the following)The **duration** of any seclusion or restraint; or the beginning and ending times of the restraint and/or seclusion; A description of any **relevant events** leading up to the incident; A description of any interventions used prior to the implementation of seclusion or restraint; A **description** of the incident and/or student behavior that resulted in implementation of seclusion or restraint including a **description of the danger of injury** which resulted in the seclusion or restraint. A **log of the student's behavior** during seclusion or restraint, including a **description of the restraint techniqu**e(s) used and any other interaction between the student and staff; A **description of any injuries** (to students, staff, or others) or property damage; A **description of the planned approach** to dealing with the student's behavior in the **future**.   |

|  |  |
| --- | --- |
| The date/time of parent or guardian notification | If the student has a disability , the type of disability |

Principal Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send copy to the (Office of Catholic Education or other appropriate jurisdiction)