Seclusion/Restraint School Incident Report

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

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

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

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| 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**. |

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| 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)