



Seclusion Incident Report Form

Administrative Procedure 3.B.160A

This form is to be completed by the school principal and a copy provided to the Director of Programs and Student Services. The form must be entered into the school's student information system within 48 hours of seclusion incident.

<i>Name of Student:</i>		<i>Date of incident:</i>	
<i>Location of seclusion:</i>			
<i>Witnesses:</i>			
<i>Staff member who made the decision to use seclusion:</i>			
<i>Antecedent/precipitating incident or event:</i>			
<i>Description of interventions used prior to the use of seclusion:</i>			
<i>Clear description of the student's behavior:</i>			
<i>Who was at risk of immediate serious physical harm that resulted in the use of seclusion:</i>			
<i>Names of other staff members involved and their role in the seclusion/restraint event:</i>			
<i>Observations of student's behaviors, in order of occurrence, during seclusion/restraint:</i>			
<i>What was the length of time of the seclusion:</i>			
<i>Any other uses of other restrictive measures:</i>			
<i>Description of any harm to students, staff, or others:</i>			

<i>Criteria for ending seclusion and how this was communicated to the student:</i>			
<i>Immediate post-seclusion actions:</i>			
<i>Details of contact with parent(s)/legal guardian(s), principal, Student Services Coordinator and Superintendent:</i>			
<i>Date of planned debriefing(s):</i>		<i>Date of planned student support team meeting (SSP review/update):</i>	
<i>Student Specific Plan(s) in place:</i>			

Attach log that reports how the student was monitored during seclusion/restraint and by whom.