

DOCUMENTATION OF RESTRAINT/SECLUSION

Date: Student Name Student ID

Does the student have an IEP? Y N

Check one: Restraint Seclusion

Person completing this form: Their position:

Name of staff member(s) involved in restraint/seclusion:

Mandt Trained?

Y N
Y N
Y N

Describe student behavior and staff responses leading up to the restraint/seclusion (what did they do & say):

What measures were taken to deescalate the situation?

Total time student was restrained/secluded: Time started: Time stopped:

Describe type of restraint or seclusion used:

Describe child's behavior during restraint or seclusion:

Describe student's behavior directly after release:

Did another staff member or administrator direct you to restrain or seclude this student?

Y N

Name of that person: Their position:

Does this student have a behavior plan? Y N

Reflection- What antecedents led to this event?

What changes could be made to prevent future incidents?

Nurse report – report health impressions

Time student seen by nurse:

Name of parent contacted:

Time contacted:

Name of person contacting parent(s):

Additional Notes (optional, if needed):

EVERY INCIDENT OF STUDENT RESTRAINT OR SECLUSION MUST BE DOCUMENTED AND REPORTED TO PUPIL SERVICES (Fax 262-1374) THE SAME DAY RESTRAINT OR SECLUSION OCCURRED.

Building Administrator Signature

Date

Signature of Person Completing this Form

Date