

PHYSICAL RESTRAINT and/or SECLUSION INCIDENT REPORT

Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School: \_\_\_\_\_

Date Incident Occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Report Initiated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Incident Occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Reported to Parent: \_\_\_\_/\_\_\_\_/\_\_\_\_

( Parents must be provided verbal or written notification by the school staff following the use of physical restraint or seclusion by the end of the day on which the incident occurred.)

What happened before the incident? \_\_\_\_\_  
\_\_\_\_\_

What happened during the incident? \_\_\_\_\_  
\_\_\_\_\_

What intervention did you do? Result? \_\_\_\_\_  
\_\_\_\_\_

- Behavior Plan Restraint
- Emergency Personal Restraint
- Behavior Plan Seclusion
- Emergency Personal Seclusion

Were there other interventions prior to the restraint/seclusion?

- Yes (list above)     No

How long was the person in restraint?  
\_\_\_\_\_ Minutes \_\_\_\_\_ Seconds

How long was the person in seclusion?  
\_\_\_\_\_ Minutes \_\_\_\_\_ Seconds

Type of Restraint and/or Seclusion:  
\_\_\_\_\_  
\_\_\_\_\_

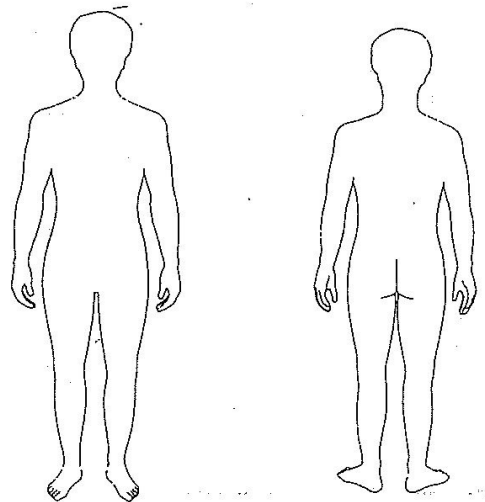
Staff Administering Restraint and/or Seclusion:  
\_\_\_\_\_  
\_\_\_\_\_

Names of other staff involved:  
\_\_\_\_\_  
\_\_\_\_\_

Person completing Incident Report:  
\_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

Complete this section of the Incident Report if an injury occurred:

Type of Injury: \_\_\_\_\_  
Location of Injury: \_\_\_\_\_  
Size (Inches): \_\_\_\_\_  
Treatment: \_\_\_\_\_



FRONT

BACK

Circle areas on the body outline to show any and all unusual markings and/or injuries.

