SECLUSION AND PHYSICAL RESTRAINT DOCUMENTATION

NAME OF CHILD:_____ STUDENT ID:_____
FIRST MIDDLE LAST

BIRTHDATE:_____ GRADE:_____ AGE:_____ DATE:_____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK)_____ (HOME) _____ (OTHER) _____

HOME ADDRESS:_____ DISTRICT/AGENCY:_____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING:_____ SITE CODE:_____ IEP TEACHER OF RECORD:_____

Date of Incident:_____ Location:_____ Select one: ☐ Seclusion ☐ Physical Restraint

Beginning Time/End Time:_____ _____ _____ _____

Provide the following information: the location of seclusion; activity and behavior prior to the seclusion/physical restraint; a description of the de-escalation techniques and interventions used prior to and following the seclusion/physical restraint; and a description of any injuries to the student or school employees.

Signatures of persons directly involved (including witnesses) in the seclusion/physical restraint of the student:

Signature:_____ Title: _____ Date:_____

Signature:_____ Title: _____ Date:_____

Signature:_____ Title: _____ Date:_____

Signature:_____ Title: _____ Date:_____

Signature:_____ Title: _____ Date:_____