

# **SECLUSION AND RESTRAINT DOCUMENTATION FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ District \_\_\_\_\_

Date the problem behavior occurred: \_\_\_\_\_

Does the student have a known medical condition?  YES  NO

*If YES, provide a brief description:*

What happened before the behavior occurred? Describe the triggers or antecedents.

Describe the behavior. Include the frequency and intensity. Explain how it posed an imminent risk to the safety of the individual students or others.

How long did the problem behavior last before the seclusion or restraint was utilized?

Describe the strategies or interventions attempted to stop the behavior prior to the use of seclusion or restraint.

How long were the strategies or interventions attempted prior to the seclusion or restraint?

Staff used:  Seclusion  Restraint

Time the intervention started: \_\_\_\_\_ Time the intervention ended: \_\_\_\_\_

Staff member who initiated the intervention: \_\_\_\_\_ Job title: \_\_\_\_\_

Other staff involved (please mark an \* next to those who have received training on the use of emergency seclusion and emergency physical restraint)

Location of the intervention (classroom, hallway, etc) \_\_\_\_\_

Describe the seclusion or restraint that was used:

Length of time **seclusion** was used \_\_\_\_\_ Length of time **restraint** was used \_\_\_\_\_

Allowable time for emergency seclusion without extensions - 15 minutes for elementary, 20 minutes for secondary

Allowable time for emergency physical restraint without extensions - 10 minutes

If extended time was used, explain the reason why. Include a description of the additional support used during the extended time.

Describe the student response to the intervention.

Were any injuries sustained during the intervention?  YES  NO

*If YES, identify who was injured and briefly describe the injury. (Also, complete any injury/accident Report required by your school).*

Describe the follow up with the student after the intervention. Include when and where the follow up occurred.

Did the student return to the educational environment after the use of emergency seclusion or physical restraint?  YES  NO

Date Parent was called: \_\_\_\_\_ Time: \_\_\_\_\_

Was a written report given to the parent/guardian?  YES  NO

If the parent did not receive a written report, document the reasonable effort made to provide one.

Date supervisor/administrator was contacted: \_\_\_\_\_

**The above is an accurate reflection of the incident and response**

Signature \_\_\_\_\_

Date \_\_\_\_\_

# SECLUSION AND RESTRAINT DEBRIEFING FORM

Use this form to debrief with the student's parent/guardian following an incident of seclusion or restraint. The Seclusion and Restraint Documentation form or a written report must be provided to the parent/guardian prior to the debrief.

Name of staff completing form: \_\_\_\_\_ Title: \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ District \_\_\_\_\_

Debriefing Participants:

Reviewed Seclusion and Restraint Documentation form or a written report:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reviewed individualized education program (IEP):	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Reviewed Behavior Intervention plan (BIP):	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Reviewed 504:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Reviewed crisis/emergency intervention plan:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Other: _____	

Summary of data review (prior use of emergency seclusion and/or restraint)

Based on the data, is there a pattern of behavior that could result in future use of emergency seclusion and/or restraint?

**If YES, explain:**

Summary of debriefing with staff, include strategies/interventions that were effective

Summary of debriefing with student and/or parent/guardian, including strategies/interventions that were effective

What might be done differently in the future to reduce the likelihood of the problem behavior that led to the use of seclusion and/or restraint?

Describe next steps/action plan (ie , conduct FBA, create/revise BIP and/or IEP, is medical consultation needed, teach/practice replacement behavior, etc).

**The above is an accurate reflection of the incident and response**

Signature \_\_\_\_\_

Date \_\_\_\_\_