

Restraint & Seclusion Reporting Form

Student Name: _____ IEP? ____ Yes No Grade: ____

Date of Incident: _____ Location of Incident: _____

Staff Involved: _____

Brief Description of the Incident:

Intervention Utilized: ____ Restraint ____ Seclusion

The restraint/seclusion resulted in a reportable injury to: ____ Student ____ Staff ____ No Injury

If the restraint/seclusion DID result in a reportable injury, please describe the nature of the injury: _____

Were multiple uses of restraint/seclusion utilized? ____ Yes (if YES, how many?): ____ ____ No

Post-Incident: The following responses to the incident(s) were or will be pursued (check all that apply):

- ____ Development of a Functional Behavior Assessment (FBA)
- ____ Development of a Positive Behavioral Intervention Plan (BIP)
- ____ Review of an existing FBA or BIP
- ____ Suspension
- ____ Expulsion
- ____ No Action

____ Other: IEP Goals will be reviewed and discussed with all staff members that may have contact with Student

Written Notification: Parent/Guardian received written documentation (DUE: within 24 hours of

occurrence) on _____ (date) _____ (time) _____

Verbal Notification: Parent/Guardian received verbal notification (DUE: on date of occurrence)

on _____ (date) _____ (time) _____

Signature

Title

Date