

Restraint and Seclusion Reporting Form

School:

Student:

Age:

Teacher:

Date:

Beginning time:

End time:

Nature of the Emergency

TYPE OF EMERGENCY (PLEASE CHOOSE ALL THAT APPLY):

Aggression to other student(s)

Self-injurious behavior

Other, please specify:

Aggression to staff

Property destruction

DESCRIBE WHAT HAPPENED BEFORE THE EMERGENCY:

LIST STAFF INVOLVED:

Restrictive Procedure

TYPE OF RESTRICTIVE PROCEDURE:

Other, please specify:

IF RESTRAINT, PLEASE DESCRIBE THE TYPE USED:

LOCATION:

WERE ANY RE-DIRECTION OR DE-ESCALATION TECHNIQUES ATTEMPTED?

WERE ANY PHYSICAL INJURIES SUSTAINED BY THE STUDENT?

Parent Notification

*Parent/guardian must be immediately notified once the emergency has ended.

NAME OF PARENT/GUARDIAN WHO WAS NOTIFIED:

TIME OF PARENT NOTIFICATION:

NOTIFICATION METHOD:

Face-to-face conversation

Email

Phone call

Text

Voicemail

Review

RECOMMENDATIONS THAT MAY REDUCE THE LIKELIHOOD OF EMERGENCIES:

Reported by:

Title:

Date: