

Lakeland School District

Incident Report for Seclusion or Restraint

Student Name	Date	
IEP or 504	Female	Male
Teacher/class	Time in/time out	
Staff person initiating seclusion/restraint; others present/involved:		
Describe the behavior that led to seclusion/restraint, including time, location, activity, others present, other contributing factors:		
Procedures used to attempt to de-escalate the student prior to using seclusion/restraint:		
Student behavior during seclusion/restraint: Was there any injury Was there any property damage?	Student behavior after seclusion/restraint:	
Follow-up with student after the seclusion/restraint		
Is other follow-up needed (e.g., IEP meeting, additional evaluation, discussion with others?) If yes, specify:		
Parent Contact (date, time, by whom)	Administrative Contact	