

**RESTRAINT AND SECLUSION
INCIDENT REPORT FORM**

Student Name

Date of incident

Does this student have a disability? _____ Yes _____ No

If yes, what is the disability? _____

Student ethnicity: _____

Student gender: _____

Teacher/class/grade _____

Staff person(s) initiating restraint; others present/involved:

Staff person(s) initiating seclusion; others present/involved:

Describe the behavior that led to restraint/seclusion, including time, location, activity, others present, other contributing factors:

Procedures used to attempt to de-escalate the student prior to using restraint/seclusion:

Describe the restraint/seclusion:

Duration of time of restraint/seclusion

Staff member submitting report

Submitted to Administration at _____ time _____ date

**RESTRAINT AND SECLUSION
DEBRIEFING FORM**

Student: _____ Date of Incident: _____

Date of Debriefing: _____

Present:

| Name | Position | Signature | Has the staff completed Restraint training? |
|------|----------|-----------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

1. Give a brief description of the circumstances (antecedents) leading up to this incident.

2. Give a summary of the incident.

3. What was the intervention used?

4. What was the outcome?

5. From information gained, what changes (if any) should be made?

6. Has a support plan been initiated? _____ Yes _____ No
If yes, who was contacted?

7. If applicable, how will the support plan affect any of the following:

- Behavior intervention plan (BIP)
- 504 plan
- Individualized Education plan (IEP)
- Does the team need to reconvene?

If yes, name of person responsible for notifying the team

| | | | | | | |
|-----|-------|-----|-------|------|-------|-----|
| BIP | _____ | Yes | _____ | Date | _____ | N/A |
| 504 | _____ | Yes | _____ | Date | _____ | N/A |
| IEP | _____ | Yes | _____ | Date | _____ | N/A |

Is this a repeated instance of restraint or seclusion, if so, a Functional Behavioral Assessment (FBA) shall be conducted. Has an FBA been initiated? _____ Yes _____ No /
completed? _____ Yes _____ No

NOTE: Process for requesting additional help. (District should insert their specific process to direct teams in next steps for additional help)

Additional comments (if any)