


<b>Dell Rapids Public School District</b>	
<b>Students: JGC (1)</b>	

**RESTRAINT AND SECLUSION  
INCIDENT REPORT FORM**

\_\_\_\_\_

Student Name	Time of Incident	Date of Incident
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Does this student have a disability?     Yes     No

If yes, what is the disability? \_\_\_\_\_

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

LEGAL REF: SB 46 (Chapter 99 School District Policy Limiting the Use of Restraint and Seclusion)

Adopted: June 27, 2018