



**NEW MIAMI LOCAL SCHOOL DISTRICT
STUDENT RESTRAINT/SECLUSION BEHAVIOR INCIDENT FORM**

Student Name: _____ **Today's Date:** _____

Student DOB: _____ **Grade:** _____ **Gender:** _____ **Race:** (circle below)

Asian, Black/African-American, Hispanic, Bi/Multiracial, Native American/American Indian, Native Hawaiian/Other Pacific Islander, White, Other

Does this student have a disability? _____ (if yes, circle below)

01 Multiple Disabilities, 02 Deaf-Blindness, 03 Deafness (Hearing Impaired), 04 Visual Impairments, 05 Speech & Language Impairments, 06 Orthopedic Impairments, 08 Emotional Disturbance, 09 Intellectual Disabilities (Cognitive Disabilities), 10 Specific Learning Disabilities, 12 Autism, 13 Traumatic Brain Injury (TBI), 14 Other Health Impaired (Major), 15 Other Health Impaired (Minor) IEP 504 Plan FBA BIP N/A

Location of Incident: _____ **Date/Time:** _____

Witnesses (Names of Staff and/or Students Involved in the Incident.):

Describe the Student's Behavior Prior to the Incident (antecedents) and Alleged Rule Violations(s):

Description/Summary of Incident (Attach addendum(s) and witness statement(s) if needed):

Describe Efforts to De-escalate Student/Alternatives to S&R Attempted (Verbal intervention, sensory/calming intervention, strategies from the student's behavior plan, break, etc.):

Describe The Outcome of the Situation (Student reintroduced back into the classroom, etc.):

Seclusion/Restraint: Start Time: _____ End Time: _____ Total Minutes: _____
(circle one) Describe or attach picture of seclusion room.

Team Member Name and Date of Debriefing provided to Parent/Guardian:
