

JEFFERSON PARISH SCHOOLS SECLUSION REPORT FORM

Student Name _____ Date of Report _____

School _____ Grade _____ Exceptionality _____

Date of Seclusion _____ Start Time _____ End Time _____ Length of Time of Seclusion _____

Staff Initiating Seclusion _____

Person(s) Supervising during Seclusion _____

Describe behavior of student with and exceptionality warranting seclusion _____

Activity Preceding Seclusion _____

Possible Triggers _____

It is MANDATORY that the student be monitored constantly. Document behavior every 5 minutes using behavior codes.

5 min	10 min	15 min	20 min	25 min	30 min	35 min	40 min	45 min	50 min	55 min	60 min
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|-----------------|-------------------|------------------------------|--------------------------------|
| 1 Calm | 3 Crying | 5 Hostile | 7 Physically Aggressive |
| 2 Quiet | 4 Agitated | 6 Verbally Aggressive | 8 Self-Abusive |
| 9 Other: | | | |

Was parent notified? Yes No Date & Time of Notification _____

Method of Notification _____ Person Contacting Parent _____

Has student with an exceptionality been secluded and/or restrained 5 or more times this year? Yes No

If YES, it is MANDATORY that the IEP Team be convened promptly to review and revise, if necessary, the BSP and/or appropriate behavioral supports.

Other comments or observations _____

Person Initiating Seclusion Signature

School Administrator Signature

SUBMIT THIS COMPLETED FORM WITHIN 24 HOURS OF INCIDENT TO: seclusionandrestraint@jpschools.org

THE PARENT AND PRINCIPAL MUST RECEIVE A COPY OF COMPLETED FORM WITHIN 24 HRS OF

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