



Seclusion, Isolation, Secure Observation Room and Physical Restraint Form

Name of Person Completing Form: _____

1. General Information

Student Name: _____ Birthdate: _____ Grade: _____

Student ID #: _____ School: _____

Check Applicable: IEP 504 Plan Behavior Intervention Plan N/A

Date of Incident: _____ Time of Incident: _____ Where did incident begin? _____

2. Behaviors demonstrated by student requiring physical restraint, secure observation room, isolation, or seclusion

Physical aggression toward peers Physical aggression toward adults Self-injury Other

Specify: _____

Further describe the behavior necessitating the use of crisis intervention: _____

3. Non-Physical Preventative/De-escalation Interventions attempted by school personnel:

(Check all that apply to this incident)

Ignoring behavior	<input type="checkbox"/>	Contracting	<input type="checkbox"/>	Choices provided	<input type="checkbox"/>
Redirection	<input type="checkbox"/>	Loss of points/level	<input type="checkbox"/>	Visual cues	<input type="checkbox"/>
Verbal cues	<input type="checkbox"/>	Peer counseling	<input type="checkbox"/>	Verbal praise	<input type="checkbox"/>
Parent contact	<input type="checkbox"/>	Modified assignment	<input type="checkbox"/>	Time-out	<input type="checkbox"/>
Relaxation techniques	<input type="checkbox"/>	Visual imaging	<input type="checkbox"/>	Self-monitoring	<input type="checkbox"/>
Physical prompt	<input type="checkbox"/>				

Sensory supports Describe: _____

Environmental modification Describe: _____

Other Explain: _____

4. Physical Crisis Strategies: Check all that apply to this incident

Physical Restraint Isolation Secure Observation Room Seclusion

Use of Restraint, Isolation, Secure Observation Room, and/or Seclusion

Time Began: _____ Time Ended: _____ Strategy: _____

For multiple incidents occurring within 1 hour:

Time Began: _____	Time Ended: _____	Strategy: _____
Time Began: _____	Time Ended: _____	Strategy: _____
Time Began: _____	Time Ended: _____	Strategy: _____

5. Staff Involved in Incident

Name: _____ Position: _____
Name: _____ Position: _____
Name: _____ Position: _____
Name: _____ Position: _____
Name: _____ Position: _____

Injuries to student, staff, peers, others: None Yes If yes, describe and/or include school nurse documentation

6. Follow Up

Name of Parent Notified: _____ Date: _____ Time: _____
Person Making Notification: _____ Method: _____
Resulting Action(s) of Today's Incident: _____

7. Student Post-Intervention Procedures

(Check those used during the establishment of therapeutic rapport)

Debriefing	<input type="checkbox"/>	Rule Review	<input type="checkbox"/>	Journal	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	Peer Resolution	<input type="checkbox"/>	Contract	<input type="checkbox"/>
Visual Imaging	<input type="checkbox"/>	Relaxation/Calming	<input type="checkbox"/>	Counseling	<input type="checkbox"/>
Other	<input type="checkbox"/>	Explain: _____			

8. Staff Post-Intervention Procedures/Plan to Prevent the Needs for Future Use of Crisis Strategies

Team Meeting Date: _____ Time: _____ Location: _____
Team Members at Meeting:
Name: _____ Position: _____
Name: _____ Position: _____
Name: _____ Position: _____
Name: _____ Position: _____
Name: _____ Position: _____

9. Signatures

Person Completing Form: _____

Building Principal or Designee: _____

Send Copy of Completed and Signed Form to Director of Special Education and Student Services