

SECLUSION AND RESTRAINT REPORT

Student: _____ **SASID:** _____ **DOB:** _____ **Race:** _____ **Grade:** _____

Classification: ☐ Reg. Education ☐ 504 – Disability: _____ ☐ SPED – Exceptionality: _____

School: _____ **Principal:** _____

A. INCIDENT DATA

Intervention/Incident Type: ☐ Restraint ☐ Seclusion

Date of Incident: _____

Date of Report Given/Sent to Parent/Guardian: _____

Begin Time: _____

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

End Time: _____

Date of Report Given/Sent to SSS Director: _____

Location: ☐ Classroom ☐ Hallway ☐ Cafeteria ☐ Playground/Common Area ☐ Gym ☐ Other area: _____

Was anyone injured? ☐ No ☐ Yes If yes, who? ☐ Student ☐ Staff ☐ Other person: _____

B. PARTICIPANTS

Provide all information requested below for each individual involved in the incident.

Participant Name	Position	Action Taken				
		A = Restrained/Secluded Student B = Observed C = Assessed Injuries D = Provided Aftercare Assistance E = Other (describe)				
		☐ A	☐ B	☐ C	☐ D	☐ E:
		☐ A	☐ B	☐ C	☐ D	☐ E:
		☐ A	☐ B	☐ C	☐ D	☐ E:
		☐ A	☐ B	☐ C	☐ D	☐ E:
		☐ A	☐ B	☐ C	☐ D	☐ E:
		☐ A	☐ B	☐ C	☐ D	☐ E:

C. INCIDENT DETAILS

Describe what led up to the incident:

CPI techniques used: ☐ One-on-one control positions ☐ Team control position ☐ Transport methods

Describe other less-restrictive interventions used/attempted:

Describe any injuries sustained to the student, staff, or others:

D. SIGNATURES (Signatures are required for all individuals listed in Section B)

Principal

Intervention Lead/Teacher

Additional Participant

Additional Participant

Additional Participant

Additional Participant



STUDENT SUPPORT SERVICES

800 Claiborne Street ~ West Monroe, Louisiana 71291
Phone: (318) 432-5400 Fax: (318) 432-5599

SECLUSION AND RESTRAINT OBSERVATION LOG

Student: _____ Date: _____

Intervention Type: ☐ Restraint ☐ Seclusion

Individual(s) Responsible for Supervising Student:

Name (printed)

Position

_____	_____
_____	_____
_____	_____

Brief Description of Behavior Warranting Restraint/Seclusion:

Observation Procedures:

Complete the Observation Log Table on the next page using the following guidelines:

- Column 1: Interval Period – Monitoring of the student should occur consistently at a minimum of 5-minute intervals and no longer than 15-minute intervals. Indicate the interval period used in the blank provided at the top of the column. Note any adjustments made to the interval period in the Notes column
- Column 2: Time for Each Interval Check – Record the start and stop times for each observation interval.
- Column 3: Safety – Visually check on the student. Ensure the student is medically safe, is not injured, and no potential harm can occur by continuing with the restraint or seclusion intervention.
- Column 4: Behavior Status – Write the number corresponding to the student's behavior during each interval using the Behavior Status Guide found below the Observation Log Table.
- Column 5: Bathroom/Fluids – Indicate if the student was offered an opportunity to use the bathroom or drink fluids by writing either a B or an F.
- Column 6: Notes – Provide brief notes as needed during each interval of monitoring.
- Column 7: Signature – A signature of the observer is required for each observation interval.

Important: The restraint or seclusion intervention is to be discontinued as soon as the student is and his or her behavior is no longer escalated.

OBSERVATION LOG TABLE

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Interval Period ___ minutes	Time for Each Interval Check	Is the Student Safe?	Behavior Status	Bathroom (B)/ Fluids (F) Offered?	Notes	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Behavior Status Guide:

1 = Calm/Agreeable	4 = Yelling/Cursing	7 = Quiet	10 = Laying Down
2 = Threatening	5 = Crying	8 = Beating on door	11 = Pacing
3 = Tense	6 = Struggling	9 = Sitting	12 = Other (indicate in notes)