

Physical Restraint and Seclusion Report Form



Student Name:	Date of Report:
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Teacher/Class:	School:
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Nature of Restraint/Seclusion:	Date of Incident:
	Start/End of Incident:

Staff Members Involved:

Witnesses:

1. Describe the antecedents that lead to the use of restraint/seclusion including: location, what happened first, who else was present, and under what social and environmental conditions.

2. Describe the problem behaviour of the student that lead to the use of the restraint/seclusion. Describe the imminent physical harm to themselves, others or property.

3. Describe the procedures used in the attempt to de-escalate the student prior to using restraint/seclusion.

4. Describe the incident of restraint/seclusion, and the student response after the incident.

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5. What methods did or did not work in the situation?

6. Describe any follow-up with the student after the restraint/seclusion, including what was said or done?

7. Were parents/guardians informed? By Whom? What follow-up with parents is required?

8. What interventions can be used to prevent another case like this?

9. Is further follow-up required? (IEP meeting, de-briefing meeting, staff training, additional evaluation, Safety Plan)

10. Follow-up meeting date:

Date:

Time:

Location:

Form Completed by:

Name:

Date:

Form Distribution: Original: Student file Copies: Superintendent and Director Student Services