RESTRAINT OR SECLUSION REPORTING FORM

N	lame of staff member completing this report:	Date of Occurrence:				
N	lame of Student:	Time of Occurrence:				
Е	Building:	Duration of Occurrence:				
S	Student on IEP?	Location of Occurrence:				
1.	List of staff members involved:					
2.	Did the student's behavior pose an immediate threat of harm or caused harm to him/herself or others?					
3.	Please describe the behavior, indicating specifically student or others?	how it posed an immediate threat of harm to the				
4.	Describe the actions of the student and employees in	nvolved before the occurrence:				
5.	Describe prevention, redirection, and/or pre-correction seclusion?	on strategies attempted prior to using restraint or				
6.	Describe the actions of the student and employees in	nvolved during the occurrence:				
7.	How was the student and staff monitored during the incident:					
8.	Describe student and staff debriefing:					
9.	How was the student and staff monitored after the in-	cident:				

EXHIB	ІТ	Descriptor Code: FCC-E
10.	age:	

11.	1. How did the occurrence end:						
		Determination themselves or		r or staff me	ember that student was no longer a risk to		
		Intervention by	employee to fa	cilitate de-e	scalation		
		Arrival of law e	nforcement				
		Arrival of medi	cal assistance				
		Other					
12.	12. Describe future approaches to the student's behavior to address behavioral concerns:						
13.	3. Was the restraint or seclusion used as part of the students BIP, 504 or IEP?						
14.	14. When was administration contacted to determine appropriateness and proper duration of restrain or seclusion?						
FOR	SCHOO	OL ADMINISTR	ATION TO COM	/IPLETE:			
Name	of Adn	ninistrator:			Date and time received:		
Stude	ent's par	rent or guardian	contacted by:				
Date:		Time:		Method:			
		uardian was no hat day:	t contacted on th	ne same day	y of occurrence, describe attempts to notify the parent		
1.		aff follow restra		n policy? De	escribe how the staff did or did not follow the restraint		

- 2. Describe post-incident debriefings with staff (list times and dates):
- 3. Was the student's BIP, 504 plan, or IEP reviewed post-occurrence?
- 4. Describe the actions that will be taken to be preventive: