

Seclusion Incident Reporting Form

Student Name _____ Date _____ School _____ Grade _____

Date of Incident _____ Time of Incident _____

Length of Seclusion _____ Time Began _____ Time Ended _____

A. Narrative Description of Seclusion Incident:

Antecedent (What occurred prior to the behavior):

Behavior Observed:

B. Attempted Interventions Prior to Seclusion/Staff Response:

- Use of proximity
- Staff Change
- Use of supportive stance
- Planned ignoring
- Verbal cues/prompts
- Time out
- Redirection/set limits
- Directive statements
- Choices
- Empathic listening/response
- Isolate student
- Other: _____

C. Seclusion Specifics:

Location: _____

Who monitored student: _____

How was student prevented from leaving: _____

D. Outcome:

- Student returned to class
- Student took a break
- Student went to alternative setting
- Suspension: _____
- Police involvement/citation issued
- Other: _____

E. Injury: Injury to self Injury to staff

F. Parent Contact (required): Who was contacted: _____

Time: _____ By Whom: _____

How: Verbal/phone Written Note Electronically

G. Staff Involved:

Name	Title	Administered Seclusion?		Observed Incident?	
		Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Debrief meeting will be held: (parent attendance optional) Date (within 2 days of incident): _____

(include debriefing notes) Time: _____ Location: _____

I. Signature of staff reporting _____

* Send the completed form to: Building Administrator, Cum file, Working file, District Office/Special Education Office