

## Student Monitoring Record

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Time:	Incident Type	Details of Student Behavior				Staff Initials	Comments/Access to water/bathroom Administration approval
Start	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
5m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
10m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
15m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
20m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
25m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
30m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		Bathroom? <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		Water? <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating		Parent contact made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Adm Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
40m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
45m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
Adm Approval:							
50m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
55m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice			
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body			
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating			
60m	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sitting	<input type="checkbox"/> Yelling	<input type="checkbox"/> Quiet Voice		Bathroom? <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
	<input type="checkbox"/> Phy Restraint	<input type="checkbox"/> Standing	<input type="checkbox"/> Swearing	<input type="checkbox"/> Calm Body		Water? <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
	<input type="checkbox"/>	<input type="checkbox"/> Lying down	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> De-escalating		Parent contact made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Adm Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	