

INCIDENT REPORT – PHYSICAL RESTRAINT/SECLUSION

Student: _____ Date of Incident: _____

School/Program: _____ Grade: _____

Student has: _____ IEP _____ 504 Plan _____ Behavior Plan

Incident Involves: _____ Restraint(s) _____ Seclusion(s) _____ Both Restraint(s) and Seclusion(s)

Beginning Time of Each Restraint/Seclusion: _____

Ending Time of Each Restraint/Seclusion _____

Location: _____

Person Completing Report: _____ Title: _____

Staff Involved in Restraint/Seclusion:

_____ Title: _____

_____ Title: _____

_____ Title: _____

Others Involved/Observers:

_____ Title: _____

_____ Title: _____

1. Description of the activity the student was engaged in immediately preceding the restraint/seclusion:

2. Description of the student's behavior(s) that prompted the restraint/seclusion, including the justification for initiating the use of the restraint/seclusion:

3. Description of each restraint/seclusion used, including the restraint hold(s) used and the reason the hold was necessary:

4. Description of the student's behavior before, during, and after the restraint/seclusion.

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(continued)

5. Description of the actions of the school staff before, during, and after the restraint/seclusion:

6. Description of the interventions utilized prior to the restraint/seclusion and the student's response(s):

7. Description of any injuries to the student, staff, or others. Description of any medical care administered to the student or others. Attach any injury reports that were necessitated by the restraint/seclusion.

8. Description of any property damage associated with the incident:

9. Description of the actions taken to address the emotional needs of the student during and following the incident.

10. Description of any future actions to be taken with respect to the student's behaviors:

11. Anticipated Date of Final Report to Parents : _____

Signature of Person Completing Report: _____ Report Date: _____

LONDONDERRY SCHOOL BOARD

Adopted: August 25, 2015