



**Use of Restrictive Procedures:
Seclusion**

Student: _____

ID: _____

Date: _____

School: _____

Grade: _____

DOB: _____

Directions: Complete this form whenever a seclusion is used. All students must be monitored by an adult at all times. End the intervention when the threat of harm ends and staff determine that the student can safely return to the classroom or activity. A debriefing meeting must be held within two (2) days and a Staff Debriefing Meeting form completed.

Staff involved:

Signature of person completing this form:

Description of incident that led to Seclusion:

Time seclusion began: _____ Ended: _____ Total Time: _____

Location of seclusion room:

Description of seclusion and the student's behavior and physical status:

Intervention was to protect student or others from physical injury: Yes No

Intervention was used to prevent serious property damage: Yes No

Did staff directly observe the child during seclusion: Yes No

Did the room meet the requirements of a room used for seclusion: Yes No

Room was lit, well ventilated, adequately heated and clean: Yes No

Room was free of objects that a child could use to cause injury: Yes No

Did seclusion end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity: Yes No

Positive and least restrictive interventions tried before use of restrictive procedure:

Description why a less restrictive intervention failed or was determined to be inappropriate or impractical:

Parent Notification: Parents must be notified the same day a restrictive procedure is used. A written or electronic notice must be sent home within two (2) days if unable to notify on the same day.

Parent: _____ Date: _____ Time: _____

Notified by: