

Restraint/Seclusion Report Form

Name of Person Filling out the Form:

Student's Name:

Environment Details:

Date:

Time:

a.m. / p.m.

Circumstances Leading to the Event (Administrator put into log entry text):

Key Participants and Witnesses:

Description of Incident (Administrator is to put into log entry text.):

Physical Intervention and other Emergency Actions Taken (Administrator is to put into log entry text.):

Below is to be filled out by administrator.

Consequence:

Action Taken: