



# Use of Restrictive Procedures: Seclusion

Date: \_\_\_\_\_

Student: \_\_\_\_\_

ID: \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

**Part A.** Is the student Hispanic/Latino?

Yes  No

**Part B.** What is the student's race? (*Choose one or more*)

American Indian or Alaska Native

Asian

Black or African American

White

Native Hawaiian or Other Pacific Islander

**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:**

Name:

Position:


Signature of person completing this form:

Position:

Phone:

## EMERGENCY

Was seclusion used to protect student or others from physical injury?

Yes  No

Description of the emergency situation:

Description of the incident that led to seclusion:

## SECLUSION

Location of the seclusion room:

Did the room meet the requirements of a room used for seclusion?  Yes  No  
Was the room well lit, well ventilated, adequately heated and clean?  Yes  No  
Did the room contain objects that a student may use to injure themselves or others?  Yes  No

Brief description of the student's behavior and physical status during seclusion:

Was seclusion the least intrusive intervention to effectively respond to the emergency?  Yes  No

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

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

Explain:

Did staff directly observe the child during the seclusion:  Yes  No

Explain:

Did the student sustain an injury as a result of the seclusion:  Yes  No

Did staff sustain an injury as the result of the seclusion:  Yes  No

Time seclusion began: \_\_\_\_\_ Ended: \_\_\_\_\_ Total Time: \_\_\_\_\_

### REMOVAL FROM SCHOOL

Was the student removed from school by a police officer at the request of school personnel:  Yes  No

### 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: \_\_\_\_\_

How notified: \_\_\_\_\_