

# EMERGENCY SECLUSION EMERGENCY RESTRAINT

# DOCUMENTATION FORM

Student:	Building:	Date:
Time of incident: <i>(onset of seclusion/restraint)</i>	Location(s): <i>(e.g. classroom, hallway, etc.)</i>	
Does student have a known medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide a brief summary:		
Personnel who initiated the use of seclusion and/or restraint:		
What happened before the behavior occurred: <i>(antecedents/triggers)</i>		
Description of behavior: <i>(use objective, measurable terms; include frequency, intensity and duration)</i>	Time frame:	
Strategies/interventions used prior to use of seclusion and/or restraint:	Time frame:	

## EMERGENCY INTERVENTION

<input type="checkbox"/> Emergency Seclusion <input type="checkbox"/> Emergency Restraint <i>(Please describe behavior that posed an imminent risk to the safety of the individual student or others.)</i>		
Observations: <i>(including student response)</i>	Staff involved: <i>(denote key identified personnel with an *)</i>	Time frame:
Was extended time utilized during emergency intervention? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what was the time frame? <i>(Emergency Restraint: 10 min / Emergency Seclusion: Elementary - 15 min and Secondary - 20 min)</i> Please explain the extension beyond the time limit and additional support utilized:		
Were any injuries sustained? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify injured party/summary of injury: <i>(Also complete an accident report.)</i>		
Describe follow-up with student after seclusion and/or restraint: <i>(including when/where)</i>		
Parent/guardian contact date and time:	Written report given to parent/guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If no, document reasonable efforts made to provide information.)</i>	Initials

Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_