



Physical Restraint Documentation Form

(to be submitted to the principal within 24 hours of the occurrence of the incident. Multiple incidents cannot be merged into a single report).

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_
Date of Report: \_\_\_\_\_
Person Completing Form: \_\_\_\_\_
Position: \_\_\_\_\_

Physical Restraint was used: (Check all boxes that apply)

- after less intrusive interventions had failed. List interventions attempted:
after less intrusive interventions were deemed inappropriate or inadequate. This decision is substantiated by the following explanation:
in an emergency situation:
an emergency situation existed that necessitated the use of physical restraint due to immediate threat of harm to: self others
physical restraint was used only for the time period that was necessary to contain the behavior of the student so that the student no longer posed an immediate threat of causing physical injury to self or others
physical restraint was implemented in accordance with all school division and/or program policies and procedures regarding the use of physical restraint
the force used in the application of physical restraint did not exceed the force that was reasonable and necessary under the circumstance precipitating the use of physical restraint

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Time physical restraint began: \_\_\_\_\_

Time physical restraint ended: \_\_\_\_\_

Revised 8/30/2016

**Name(s) of person(s) involved:**

---

---

**Detailed Description of Incident:**

---

---

---

---

---

---

---

**School/Program Administrator notified. Date: \_\_\_\_\_ Time: \_\_\_\_\_**

**Parent/Guardian notified. Date: \_\_\_\_\_ Time: \_\_\_\_\_**

*(Parent must be notified within 2 business days from time of incident)*

**Date and Document All Follow-up Actions:**

---

---

---

---

---

---

---

**Copy: Student File, Parent/Guardian, Principal, and Director of Human Resources/Pupil/Personnel,  
Director of Special Education**



### Seclusion Documentation Form

*(Complete only when seclusion results in observed physical injury to the student & submit to the principal within 24 hours of the occurrence of the incident. Multiple incidents cannot be merged into a single report).*

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Date of Report:** \_\_\_\_\_  
**Person Completing Form:** \_\_\_\_\_  
**Position:** \_\_\_\_\_

**Physical Restraint was used: (Check all boxes that apply)**

- after less intrusive interventions had failed. List interventions attempted:
  
- after less intrusive interventions were deemed inappropriate or inadequate. This decision is substantiated by the following explanation:
  
- in an emergency situation:
  
- an emergency situation existed that necessitated the use of seclusion due to immediate threat of harm to:  self  others
  
- seclusion was used only for the time period that was necessary to contain the behavior of the student so that the student no longer posed an immediate threat of causing physical injury to self or others
  
- seclusion was implemented in accordance with all school division and/or program policies and procedures regarding the use of seclusion
  
- the force used in the application of seclusion did not exceed the force that was reasonable and necessary under the circumstance precipitating the use of seclusion

**Date of Incident:** \_\_\_\_\_ **Location of Incident:** \_\_\_\_\_

**Location and Description of Seclusion Environment:**

\_\_\_\_\_  
\_\_\_\_\_

**Time seclusion began:** \_\_\_\_\_ **Time seclusion ended:** \_\_\_\_\_

Revised 8/30/2016

**Name(s) of person(s) involved:**

---

---

**Detailed Description of Incident:**

---

---

---

---

---

---

---

**Detailed Description of Behavior in Seclusion**

---

---

---

---

---

---

---

**School/Program Administrator notified. Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Parent/Guardian notified. Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

*(Parent must be notified within 2 business days from time of incident)*

**Date and Document All Follow-up Actions:**

---

---

---

---

---

---

---

**Copy: Student File, Parent/Guardian, Principal, and Human Resources/Pupil/Personnel,  
Director of Special Education**