

Form JGF(2)-1

*Empowering Dreams for the Future*

**STUDENT RESTRAINT/SECLUSION INCIDENT REPORT FORM**

*Upon completion, this form is to be retained by the school and a copy provided to the parent/guardian.*

*For Students with Disabilities, this form should be retained in the student’s Special Education File.*

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| **Student:** |  | **School:** |  |

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| **Date:** |  | **Total Time in Restraint/Seclusion:** |  |

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| **Chronological Description of Incident (include behavior, statements made, actions taken):** |

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| **Key Participants (include names and titles). (Attach supplemental statements.):** |

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| **Witnesses (include names and titles):** |

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| **Description of events immediately before the behavior occurred:** |

**Interventions Used Prior to Crisis Intervention:**

Teaching interaction  Verbal de-escalation

Offered self-control strategy  Physical tracking

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| Other(s) (please describe): |

**Resolution:**

Student calm/reintegrated into classroom/educational programming

Student calm/additional time provided for de-escalation outside of instructional setting

Additional support requested (medical/mental health/parent/police)

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| Other(s) (please describe:) |

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| **Injuries or Property Loss/Damage:** |

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| **Persons Notified of Incident** (include name/title/date and time notified): |

Name of Person Writing Report Title

Signature Date