



**III. Seclusion/Physical Restraint:**

a. Check reason(s) below which caused seclusion/physical restraint(s) to be initiated:

- To prevent child from injuring self
- To prevent child from injuring others

b. Check and describe seclusion and/or restraint(s) utilized:

**Seclusion(s):** the confinement of a student alone in a room or area from which the student physically is prevented from leaving

Location	Start Time	End Time	Outcome/Reason for additional seclusions
1.			
2.			
3.			

**Physical Restraint(s):** the use of physical contact between a school employee and a student in which the student unwillingly participates and that involves the use of a manual hold to restrict freedom of movement of all or part of a student's body or to restrict normal access to the student's body

CPI Technique Used	Start Time	End Time	Outcome/Reason for additional restraints
1.			
2.			
3.			

c. Staff involved with Seclusion/Physical Restraint(s):

Staff Name	Title	CPI Trained	Role in seclusion/restraint
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primary/lead <input type="checkbox"/> Secondary <input type="checkbox"/> Observer
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primary/lead <input type="checkbox"/> Secondary <input type="checkbox"/> Observer
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primary/lead <input type="checkbox"/> Secondary <input type="checkbox"/> Observer
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primary/lead <input type="checkbox"/> Secondary <input type="checkbox"/> Observer
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primary/lead <input type="checkbox"/> Secondary <input type="checkbox"/> Observer

As a requirement, please indicate if a SRO was involved:  No  Yes, Name of SRO \_\_\_\_\_

d. Describe student's behavior during the seclusion/physical restraint(s):

e. Describe condition following incident of student, staff, and property:

f. Staff plan in response to incident:

- Continue with current plan
- Staffing
- Other
- Review/Revise Classroom Management System
- Case Conference

\*Parents/guardians must be notified within 24 hours of seclusion/physical restraint. The form will be completed and copied to the individuals below as soon as possible. Within (2) two school days of the use of seclusion and restraint, a documented debriefing by appropriate staff must occur, including staff involved in the seclusion.