

**EMERGENCY SECLUSION
EMERGENCY RESTRAINT**



DOCUMENTATION FORM

Student:	Building:	Date:
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Time of incident: <i>(onset of seclusion/restraint)</i>	Location(s): <i>(e.g. classroom, hallway, etc.)</i>
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Does student have a known medical condition? YES NO **If yes, please provide a brief summary:**

Personnel who initiated the use of seclusion and/or restraint:

What happened before the behavior occurred: *(antecedents/triggers)*

Description of behavior: <i>(use objective, measurable terms; include frequency, intensity and duration)</i>	Time frame:
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Strategies/interventions used prior to use of seclusion and/or restraint:	Time frame:
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EMERGENCY INTERVENTION

Emergency Seclusion *(Please describe behavior that posed an imminent risk to the safety of the individual student or others.)*
 Emergency Restraint

Observations: <i>(including student response)</i>	Staff involved: <i>(denote key identified personnel with an *)</i>	Time frame:
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Was extended time utilized during emergency intervention? YES NO **If yes, what was the time frame?**
(Emergency Restraint: 10 min / Emergency Seclusion: Elementary - 15 min and Secondary - 20 min)

Please explain the extension beyond the time limit and additional support utilized:

Were any injuries sustained? YES NO **If yes, identify injured party/summary of injury:** *(Also complete an accident report.)*

Describe follow-up with student after seclusion and/or restraint: *(including when/where)*

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>	_____ <i>Initials</i>
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Administrator signature: _____ **Date:** _____