



Griffith Public Schools

SECLUSION AND RESTRAINT INCIDENT FORM

Student Name: _____

Date Incident Occurred: _____

Time Incident Began: _____

Time Incident Ended: _____

Staff Member Completing This Report: _____

Was a Seclusion Used? YES ___; NO ___; Total Time in Seclusion: _____

Was a Restraint Used? YES ___; NO ___; Total Time in Restraint: _____

Description of Events Leading Up to the Incident:

Description of Specific Behavior that Resulted in Seclusion/Restraint (*include description of the danger of injury to student or others*):

Description of Efforts to Deescalate Student Prior to Use of Seclusion/Restraint:

How Restraint Ended (*check all that apply*):

Determination by administrator/staff that student was no longer a risk to him/herself or others;

Intervention by administrator/staff member to facilitate de-escalation;

Arrival of law enforcement;

Arrival of medical assistance;

Arrival of parent;

Other: _____.

Describe Any Post-Incident Debriefing with Student or Staff Involved in the Incident:

Plan for Dealing with the Student's Behavior in the Future:

Date, Time and Manner of Parent Notification (*i.e., telephone, in person, etc.*) of Seclusion/Restraint:

Date: _____

Time: _____

Manner of Notification: _____

Name of Staff Member Who Notified Parent: _____

COPY OF SECLUSION AND RESTRAINT INCIDENT FORM TO BE PROVIDED TO:

Parent (check when completed): ____

A. Name of Staff Member Who Provided Form to Parent: _____

Date on Which Form Was Provided to Parent: _____

Manner of Delivery of Form to Parent: _____

B. _____ [insert name and title of school employee responsible for maintaining records of seclusion and restraint]