

SECLUSION DOCUMENTATION FORM

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

Date of Incident: _____ Location: _____
MONTH/DAY/YEAR

Beginning Time: _____ Ending Time: _____

Describe the location utilized for this seclusion incident:

School personnel involved in incident (additional documentation may be attached if determined necessary):

Describe the student's activity and behavior immediately preceding the behavior that prompted the use of seclusion:

Describe efforts of school personnel to de-escalate the situation, and alternatives that were utilized prior to the use of seclusion:

Provide a description of the seclusion incident:

Describe the actions of the student and school personnel that occurred during the use of seclusion:

Describe observed student and school employee behaviors that followed the use of seclusion:

Describe de-escalation techniques and interventions utilized following the use of seclusion:

Describe any injuries to the student or school employees:

Describe future alternatives to the use of seclusion that will be utilized:

Signatures:

Person Completing Form: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

Notification to Parent:

Type: _____ Time: _____ By whom: _____

Date Information Provided to Parent: _____ By whom: _____

