

# Incident Report: Seclusion or Physical Restraint of a Student

*READ FIRST: Complete a separate report for each incident. Upon completion, this report will constitute a student behavioral record that will be provided to the affected student's parent(s). Restrict personally-identifiable student information within this report to one student to the extent possible (i.e., the student who is identified in the report as being restrained or secluded). This report is to be completed within **2 business days of the incident**. Provide the parent with a copy of the report within **3 business days of the incident**.*

<b>SCHOOL:</b>		<b>NAME OF SCHOOL PRINCIPAL:</b>	
<b>INCIDENT DETAILS</b>			
<b>Name of affected student:</b>	<b>Grade level:</b>	<b>Is this student currently identified as a student with a disability?</b> <input type="checkbox"/> Yes* or <input type="checkbox"/> No <i>* If "yes", notify the director of special education of the incident.</i>	
<b>Type of reportable incident (check one or both**):</b> <input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint		<b>Date of Incident:</b>	
<b>Time of day that incident occurred:</b>		<b>Location of incident:</b>	
<b>How long did the period of seclusion last, or for how long was the physical restraint applied to the student?</b>			
<b>General description of the incident:</b>			
<b>Describe the behavior/conduct of the student:</b>			
<i>Before the incident:</i>			
.....			
<i>During the incident:</i>			
.....			
<i>After the incident:</i>			
<b>Identify the person(s) who conducted the seclusion or applied the physical restraint:</b>		<b>Identify any other school or law enforcement personnel known to be present during the incident:</b>	
<i>Name</i>	<i>Position/Title</i>	<i>Name</i>	<i>Position/Title</i>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
<b>INITIAL PARENT NOTIFICATION OF INCIDENT</b>			
<b>Name of parent who was notified:</b>		<b>Date of notification:</b>	
<b>Method of notification:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In Person <input type="checkbox"/> Other _____		<b>Name of school official who provided notification:</b>	
<b>IDENTIFY THE SCHOOL OFFICIAL WHO COMPLETED THIS REPORT</b>			
<b>Name:</b>	<b>Position:</b>	<b>Date:</b>	

**\*\*CAUTION:** Do not treat an instance of seclusion and an instance of physical restraint as part of the same incident unless both interventions were clearly used in response to a single, continuous behavioral event. See section 118.305(1)(dm) of the state statutes.

**Date Revised: 12/16/2024**