

Use of Physical Restraint Seclusion Report Form

Form AP 358-1



Name of Student:		Parents/ Caregivers			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	School:		Grade:	
Date of Birth:	_____/_____/_____ Month Day Year	City/Town:			
Author of Report		Date of Report:			

Date of Incident:	_____/_____/_____ Month Day Year	Time:	
Exact Location:			
Conditions of the Environment:			

Key Participants

Team Members:	Involved Staff Members:
Involved Students:	Witnesses (please indicate if student, staff or visitor):

Description of Incident

- Chronological order (start and end)
 - Note the point report writer became alerted/involved
 - What preceded the event?
 - Staff intervention used (de-escalation strategies)
 - Responses to intervention attempts
 - Resolution
- (Attach additional sheet if required)*

Physical Intervention and/or Seclusion Details	
<ul style="list-style-type: none"> Details of physical aggression exhibited Staff Responses to aggressive behavior Location of seclusion Length of physical intervention/seclusion 	
Parent/Guardian Contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details (include time of contact &/or attempted contacts):	
Police Contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details (include time of contact &/or attempted contacts):	
Police Contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	

Results / Resolution			
Note injuries/property damage:			
Note behavioral consequences (restrictions, loss of privileges, etc.):			
Signature of Author:		Date/time of report Completion:	

Note: Statements from key participants (staff, acting-out persons, and witnesses) may be attached as supplemental reports. Be sure to indicate if statement were given willingly or unwillingly.

Forward copies of this report to School Principal and Superintendent of Student Services.

