EASTERN HANCOCK SCHOOLS SECLUSION AND RESTRAINT INCIDENT FORM Updated 9-4-20

Student Name:
Date Incident Occurred:
Time Incident Began:
What Was Utilized? Select one. Restraint Seclusion Both
Time Incident Ended:
Time Seclusion/Restraint Began: Time Seclusion/Restraint Ended:
Staff Member Completing This Report:
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 the Seclusic if applicable):	on/Restraint Utilized (including the manner of restraint
Student Behavior During t	he Seclusion/Restraint:
Were There Any Injuries to	o the Student or Staff During the Seclusion/Restraint?
YES NO	If Yes, Please Describe:

List of School Personnel and Other Adults Who Participated in, Monitored and/or Supervised the Seclusion/Restraint and Their Roles:

NAME:	TITLE:	ROLE:
How Restraint Ended (check o	all that apply):	
Determination by administration or others;	strator/staff that student was r	no longer a risk to him/herself
Intervention by administr	rator/staff member to facilitate	de-escalation;
Arrival of law enforcemen	nt;	
Arrival of medical assista	nce;	
Arrival of parent;		
Other:		
Participating School Personne	ent Debriefing by School Adı el:	ministrator or Designee with
Date:		
Tim:		
Date and Time of Post-Incider	nt Debriefing with Student:	
Date:		
Tim:		

Plan for Dealing with the Student's Behavior in the Future:
Date, Time and Manner of Parent Notification (<i>i.e., telephone, in person, etc.</i>) 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:

(ALL) Kelly McKeeman, Director of Special Education Eastern Hancock Schools
 (MS/HS) Brian Bowen, Eastern Hancock Middle School/High School Assistant Principal
 (ELEM) Amanda Pyle, Eastern Hancock Elementary School Principal