

**EMERGENCY SECLUSION  
EMERGENCY RESTRAINT**

# DOCUMENTATION FORM

<b>Student:</b>	<b>Building:</b>	<b>Date:</b>
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<b>Time of incident:</b> <i>(onset of seclusion/restraint)</i>	<b>Location(s):</b> <i>(e.g. classroom, hallway, etc.)</i>
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Does student have a known medical condition?     YES     NO    If yes, please provide a brief summary:

**Personnel who initiated the use of seclusion and/or restraint:**

**What happened before the behavior occurred:** *(antecedents/triggers)*

<b>Description of behavior:</b> <i>(use objective, measurable terms; include frequency, intensity and duration)</i>	<b>Time frame:</b>
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<b>Strategies/interventions used prior to use of seclusion and/or restraint:</b>	<b>Time frame:</b>
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## EMERGENCY INTERVENTION

**Emergency Seclusion**    *(Please describe behavior that posed an imminent risk to the safety of the individual student or others.)*  
 **Emergency Restraint**

<b>Observations:</b> <i>(including student response)</i>	<b>Staff involved:</b> <i>(denote key identified personnel with an *)</i>	<b>Time frame:</b>
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**Was extended time utilized during emergency intervention?**     YES     NO    If yes, what was the time frame?  
*(Emergency Restraint: 10 min / Emergency Seclusion: Elementary - 15 min and Secondary - 20 min)*

**Please explain the extension beyond the time limit and additional support utilized:**

**Were any injuries sustained?**     YES     NO    If yes, identify injured party/summary of injury: *(Also complete an accident report.)*

**Describe follow-up with student after seclusion and/or restraint:** *(including when/where)*

<b>Parent/guardian contact date and time:</b>	<b>Written report given to parent/guardian?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If no, document reasonable efforts made to provide information.)</i>	_____ <i>Initials</i>
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**Administrator signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# DEBRIEFING FORM

<b>Student:</b>	<b>Building:</b>	<b>Date:</b>
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**Debriefing participants:**

**Reviewed the following:**

- **Written documentation of emergency intervention?**  YES  NO **Other:**
- **Individualized Education Plan (IEP)?**  YES  NO  N/A
- **Behavior Intervention Plan (BIP)?**  YES  NO  N/A

**Summary of debriefing with staff, including strategies/interventions that were effective:**

**Summary of debriefing with student and/or parent/guardian, including strategies/interventions that were effective:**

**What may be done differently in future to reduce the likelihood of problem behavior and need for seclusion and/or restraint?**

**Summary of data review:** *(prior emergency use of seclusion and/or restraint)*

**Based on review is there a pattern of behavior that could result in future emergency use of seclusion/restraint?**  YES  NO

**Next Steps/Action Plan:** *(e.g. conduct FBA, create/revise BIP and/or IEP, conduct medical consultation, teach/practice replacement behavior)*

- 1.
- 2.
- 3.

<b>Team Members:</b> <i>(key identified personnel *)</i>	<b>Signature:</b>	<b>Date:</b>

**Administrator signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_