SECLUSION RECORD

School:	**Date:**
Student:	
Time Seclusion Began:	**Time Seclusion Ended:**
List All Staff Involved in Seclusion:	
Description of Student's Behaviour During Seclusion:	
Signature of Staff Implementing Seclusion	**Signature of Principal**

15 Minute Observations Indicated by Staff Signature	
1.	**2.**
3.	**4.**
5.	**6.**
7.	**8.**
9.	**10.**