PHYSICAL RESTRAINT/SECLUSION INCIDENT REPORT

School:	**Report Date:**		
Staff person making this report:			
Student:		**Grade:**	**Age:**

Check One:

☐ Physical Restraint – is a method of restricting another person's freedom of movement or mobility when the person is exhibiting out of control behaviour that poses a threat to self or others.

☐ Seclusion – is the involuntary confinement of a person, alone in a room, enclosure or space which the person is physically prevented from leaving.

RESTRAINT/SECLUSION		
Location:		**Total Time:**
INCIDENT INFORMATION		
Date:	**Start Time:**	**End Time:**

Type:

☐ Unsafe/Harmful to self ☐ Unsafe/Harmful to others ☐ Unsafe/Harmful to Property

Explain:

INCIDENT DESCRIPTON

Location where behaviour occurred:

☐ Classroom ☐ Outdoor area ☐ Gym ☐ Entrance way

☐ Hallway ☐ Bathroom area ☐ Office area ☐ Library

☐ Other (identify) _____

BEHAVIOUR

Antecedent (what occurred prior to the behaviour):

Observed:

Staff Response:

INTERVENTIONS

Attempted interventions prior to restraint/seclusion:

☐ Use of proximity ☐ Planned ignoring ☐ Redirection ☐ Set Limits

☐ Verbal Cues ☐ Redirection ☐ Time to Reflect ☐ Choices

☐Other (identify) _____

Restraint/Intervention used (check all that apply):

☐ Child Protective Hold ☐ Team Control Position ☐ Transportation Technique ☐ Seclusion

Did injury occur? ☐ No ☐ Yes

If yes, please describe:

STUDENT OUTCOME

☐ Return to class ☐ Went to alternate setting ☐ Went home early ☐Suspension

☐Other (identify) _____

STAFF INVOLVED

Name	Title

PARENT NOTIFICATION

☐ Phone ☐ Letter

Name of parent contacted:	**Phone number:**
Date of contact:	**Time of contact:**
Contacted by:	**Title:**
Principal Signature:	

Copies to: Student Record
Supervisor of Inclusion (HPSD)
Parent/Guardian