

### Seclusion/Restraint Incident REPORTING FORM

\*To be completed by the school principal and a copy provided to the Student Services Coordinator and Superintendent

*\*To be filled in the student pupil support file and entered into PowerSchool within 48 hours.*

<b>Name of Student:</b>	<b>Date of incident:</b>
Has the student been restrained before: <input type="checkbox"/> YES <input type="checkbox"/> No Date:	
Location of seclusion/restraint:	
Witnesses:	Name of staff member making the decision to use seclusion/restraint:
Antecedent/Precipitating Incident/Event:	
Description of interventions used prior to the implementation of seclusion/restraint:	
Clear description of the student's behavior:	

Approval Date: October 1, 2021

Amended Date:

Reviewed Date:

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Who was at risk of immediate serious physical harm that resulted in the use of seclusion/restraint:

Names of other staff members involved and their role in the seclusion/restraint event:

Observations of student's behaviors, in order of occurrence, during seclusion/restraint:

What was the length of time of the seclusion/restraint:

Any other uses of other restrictive measures:

Description of any harm to students, staff or others:

Criteria for ending seclusion and how this was communicated to the student:

Immediate post-seclusion/restraint actions:

Details of contact with parent(s)/legal guardian(s), principal, Assistant Superintendent of Student Services, and Superintendent:

Date of planned debriefing(s):

Date of planned student support team meeting (SSP review/update):

Student Specific Plan(s) in place:

\*Attach log of Observer that reports how the student was monitored during seclusion/restraint and by whom.

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