

# STUDENT RESTRAINT/SECLUSION BEHAVIOR INCIDENT FORM

**Student Full Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Student DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Race:** (circle below) \_\_\_\_\_  
Asian, Black/African-American, Hispanic, Bi/Multiracial, Native American/American Indian, Native Hawaiian/Other Pacific Islander, White, Other

**Does this student have a disability?** \_\_\_\_\_ (if yes, circle below)  
01 Multiple Disabilities, 02 Deaf-Blindness, 03 Deafness (Hearing Impaired), 04 Visual Impairments, 05 Speech & Language Impairments, 06 Orthopedic Impairments, 08 Emotional Disturbance, 09 Intellectual Disabilities (Cognitive Disabilities), 10 Specific Learning Disabilities, 12 Autism, 13 Traumatic Brain Injury (TBI), 14 Other Health Impaired (Major), 15 Other Health Impaired (Minor)

**Location of Incident:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Witnesses (Names of Staff and/or Students)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe student behavior prior to incident and alleged rule violations(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Incident (Attach addendum(s) and witness statement(s) if needed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe efforts to De-escalate Student/Alternatives to S&R Attempted:**

\_\_\_\_\_  
\_\_\_\_\_

**Circle any of the following intervention if applied:**

Verbal Intervention    Behavior Plan    Time Out    Contact Another Staff Member or Parent

**Seclusion:** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Minutes: \_\_\_\_\_  
Describe or attach picture of seclusion room

**Restraint:** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Minutes: \_\_\_\_\_