

## PHYSICAL RESTRAINT/SECLUSION INCIDENT REPORT

School: \_\_\_\_\_

Staff person making this report \_\_\_\_\_ Date \_\_\_\_\_

Check One:

Physical Restraint – is any method of using physical contact for restricting or immobilizing restricting another person’s freedom of movement, physical activity or normal access to their body.

Seclusion – is the involuntary confinement of a person, alone in a room, enclosure or space which the person is physically prevented from leaving and is used to prevent injury to self or others.

Student Name \_\_\_\_\_ Grade/Age \_\_\_\_\_ Date of incident \_\_\_\_\_ Location \_\_\_\_\_

Type of Incident:

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

Explain: \_\_\_\_\_

Location of Restraint/Seclusion: \_\_\_\_\_

Time Incident Began \_\_\_\_\_ Time Incident Ended \_\_\_\_\_  
 \_\_\_\_\_ Total Time of Restraint/Seclusion \_\_\_\_\_ A. Description of incident:

Place where behaviour occurred			
Classroom <input type="checkbox"/>	Outdoor area <input type="checkbox"/>	Gym <input type="checkbox"/>	Entrance way <input type="checkbox"/>
Hallway <input type="checkbox"/>	Bathroom area <input type="checkbox"/>	Office area <input type="checkbox"/>	Library <input type="checkbox"/>
Other (identify)			

Antecedent (What occurred prior to the behaviour?):

Behaviour Observed (What did you see and hear?):

Staff Response:

B. Attempted interventions prior to restraint/seclusion:

- Use of  proximity  Planned ignoring  Redirection  Set Limits  
 Verbal Cues  Redirection  Choices  Time to Reflect  
 Other \_\_\_\_\_

C. Restraint/Intervention used (check all that apply):

- Child  Protective Hold  Team Control Position  
Did  injury occur?  Seclusion  
 No  Yes If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_ D.

Outcome:

- Student returned to class  Suspension  
 Student went to alternate setting  Student went home early  
Other  \_\_\_\_\_ E.

Staff Involved:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

F. Parent Notification  Phone  Letter

Name of parent contacted \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date and time of contact \_\_\_\_\_

Contact by the following staff member (name/title)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

G. Signature of Principal: \_\_\_\_\_

Copies to: SIS  
Director-Inclusive Learning  
Parent/Guardian