

SECLUSION RECORD

School:	Date:
Student:	
Time seclusion began:	Time seclusion ended:
List all staff involved in seclusion:	
Description of Student's Behaviour During Seclusion:	
15 Minute Observations Indicated by Staff Signature	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
_____ Signature of Staff Implementing Seclusion	_____ Signature of Principal