**REPORT OF USE OF SECLUSION**

Date of Seclusion: Click here to enter a date.

Student:       DOB: Click here to enter a date.

Ethnic Background: Choose an item. School: Choose an item.

Staff Person Completing Form:       Grade:

List all school personnel involved in decision to use seclusion:

Approximate time that escalation by the student began:

Duration of the seclusion:

What events or circumstances may have triggered the behavior?

Which de-escalation techniques were attempted?

[ ] Reduced lighting [ ] Isolated the situation

[ ] Limited access to potential weapons [ ] Removed hazardous/breakable objects

[ ] Honored requests for quiet/personal space [ ] Offered sensory strategies per OT

[ ] Used CPI Personal Safety Techniques [ ] Used CPI Pull Through Technique

[ ]  IEP Specific Strategies [ ] Sought interpreter/alternative mode of

 communication

[ ] Other; specify:

The student exhibited the following behaviors which constituted a danger to self or others:

 [ ] Biting [ ] Choking [ ] Head butting

 [ ] Punching/hitting [ ] Grabbing [ ] Kicking

[ ] Hair pulling

 [ ] Risky behavior without student’s awareness that it is dangerous; specify:

[ ] Other; specify:

Dangerous behavior was directed at:

 [ ] Self [ ] Peers [ ] Adults

Describe the student behavior during seclusion including interactions with staff:

List any damage to personal property (student, staff, school):

Does the student have a disability?       If yes, category:

Any additional comments or concerns related to this seclusion?

Plan for student’s behavior in the future:

Time parent/guardians were notified:

How parent/guardians were notified:

[ ] Verbally [ ]  Electronically [ ]  Note sent home, [ ] Other; specify:

Time: (Must be before end of the school day)

Report of Use of Seclusion provided to parent as soon as possible with an expectation within 24-48 hours. Date: Click here to enter a date.

[ ] Parent Copy [ ] Building copy (Confidential file) [ ]  District copy

Signature