**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