

# Incident Report of Seclusion

Note: Any use of seclusion is to be documented in the child's educational record and, if appropriate, in the child's school health record.

**Seclusion:** The confinement of a person in a room, whether it be alone or with supervision in a manner that prevents the person from leaving the room. In a public school seclusion does not mean any confinement of a child where the child is physically able to leave the area of confinement including in-school suspension and time-out.

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## District Information

School District \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
School: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Seclusion: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Person preparing the report: \_\_\_\_\_  
Time seclusion was initiated \_\_\_\_\_ Time seclusion ended \_\_\_\_\_ Total time of seclusion \_\_\_\_\_

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## Student Information

Student's Name \_\_\_\_\_ SASID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: M/F Grade \_\_\_\_\_ Race: \_\_\_\_\_ Disability: \_\_\_\_\_  
\_\_\_\_\_  
The student currently receives special education services.  
\_\_\_\_\_  
The student is being evaluated or considered for eligibility for special education services.

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## Staff Information

Name of staff administering seclusion \_\_\_\_\_ Title \_\_\_\_\_  
Name of staff monitoring/witnessing seclusion \_\_\_\_\_ Title \_\_\_\_\_

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## Student activity/behavior precipitating use of seclusion

Describe the location and activity in which the student was engaged just prior to the seclusion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Describe the risk of immediate or imminent injury to  
the student secluded or to others, that required the use of  
seclusion: \_\_\_\_\_  
\_\_\_\_\_

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## Staff activity/response

Describe other steps, including de-escalation strategies implemented to prevent the emergency which necessitated the use of  
seclusion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the nature of the seclusion: (Was it used in as an emergency procedure to prevent immediate or imminent injury to the  
student or others? Was it used as a behavior intervention as indicated in the IEP? If in the IEP, did the situation/emergency meet the  
criteria as outlined? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the student demonstrate physical distress while in seclusion? \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate time student was monitored for physical distress: \_\_\_\_\_  
\_\_\_\_\_

Describe the disposition of the student following the use of seclusion: \_\_\_\_\_  
\_\_\_\_\_

Was the student injured during the emergency use of seclusion? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", complete and attach a Report of Injury.

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## Parent/Guardian Notification

Was parent/guardian notified within 24 hours of the incident? \_\_\_\_\_ Yes (indicate manner) \_\_\_\_\_  
\_\_\_\_\_ No

Was a copy of the Incident Report sent to parent/guardian within 2 business days? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is a PPT recommended to modify the IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No