

**Connecticut State Department of Education
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. An Incident Report of Seclusion is required and should be completed as soon after the incident as possible or within 24 hours of the incident. Parents/ guardians must be notified in writing within 24 hours of the incident. Notification should include the information documented on the Incident report.

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.

District Information

School District: _____ Address: _____ Phone: _____

School: _____ Address: _____ Phone: _____

Date of Seclusion: _____ Date of Report: _____

Person preparing the report: _____

Time seclusion initiated _____ Time seclusion ended _____ Total time of seclusion _____*

If the total length of the seclusion exceeds 15 minutes, attach the documentation of the *required Administrator’s (or designee) determination of the need for continuation of the seclusion to prevent immediate or imminent injury to the student or to others.

Student Information

Student’s Name: _____ SASID #: _____ Date of Birth: _____

Age: _____ Gender (M /F): _____ Grade: _____ Race: _____ Disability: _____

_____ The student is a general education student.

_____ The student currently receives special education services.

_____ The student is being evaluated or considered for eligibility for special education services.

_____ A FBA has been conducted and a BIP has been developed as part of the IEP which includes the use of seclusion as a planned intervention.

_____ Seclusion was initiated in response to an “emergency”.

Staff Information

Name of staff administering seclusion: _____ Title _____

Name of staff monitoring/witnessing seclusion: _____ Title _____

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: _____

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 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 times student was monitored for physical distress and if any signs of physical distress were noted: _____

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.

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 two business days?

_____ Yes _____ No

Is a *** PPT required** to review/revise the IEP or discuss additional evaluation or the development/revision of a FBA and or BIP?

_____ Yes _____ No

Is a PPT recommended to modify the IEP? _____ Yes _____ No *if "yes," indicate date* _____

Is a ***meeting required for this general education student?** _____ Yes _____ No _____
If "yes," indicate date _____

***A PPT is required if this incident marks the 4th incident of restraint or seclusion within a twenty school day period.**

To be completed in the event that a student is restrained or secluded for a period exceeding 15 minutes.

Public Act 15-141 requires that an administrator, as defined in section 10-144e of the general statutes, or such administrator's designee, a school health or mental health personnel, or a board certified behavioral analyst, who has received training in the use of physical restraint and seclusion, shall determine whether continued physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others. Upon a determination that such continued physical restraint or seclusion is necessary, such individual shall make a new determination every thirty minutes thereafter regarding whether such physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others.

Time restraint or seclusion was initiated: _____ a.m. /p.m.

Time restraint or seclusion was terminated: _____ a.m. /p.m.

15 minute determination of the necessity of continued restraint or seclusion: _____ a.m. /p.m.

Signature of qualified* administrator, designee, school health or mental health professional

30 minute determination of the necessity of continued restraint or seclusion: _____ a.m. /p.m.

Signature of qualified* administrator, designee, school health or mental health professional

30 minute determination of the necessity of continued restraint or seclusion: _____ a.m. /p.m.

Signature of qualified* administrator, designee, school health or mental health professional

30 minute determination of the necessity of continued restraint or seclusion: _____ a.m./p.m.

Signature of qualified* administrator, designee, school health or mental health professional

*qualified is defined as having received required training in the use of physical restraint and seclusion