

SECLUSION INCIDENT REPORT

- **Seclusion means "the involuntary isolation of a student in a room, enclosure, or space from which the student is prevented from leaving by physical restraint or by a closed door or other physical barrier.**
- **Seclusion may only be used when a student's behavior poses an immediate risk of physical harm to the student or others and no other safe and effective intervention is possible.**
- **Seclusion may only be used as a last resort safety intervention that provides the student with an opportunity to regain control of his/her actions.**
- Timeout means "a behavior intervention in which a student, for a limited and specified time, is separated from the class within the classroom or in a non-locked setting for the purpose of self-regulating and controlling his or her own behavior. In a timeout, the student is not physically restrained or prevented from leaving the area by physical barriers." O.A.C. 3301-35-15

Student Name:	Teacher:	Date of Birth:
<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade:	School:

A. Incident Description		
Date Incident Occurred:	Time seclusion began: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time seclusion ended: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Location of incident (check all that apply): <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____ _____	Behavior that led to seclusion (check all that apply): <input type="checkbox"/> Given directive (academic) <input type="checkbox"/> Given directive (non-academic) <input type="checkbox"/> Asked to stop a behavior <input type="checkbox"/> Could not get something <input type="checkbox"/> Transition (From: _____ to _____) <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Attention given to others <input type="checkbox"/> Other _____	
Behavior(s) directed at (check all that apply): <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other (Do NOT list identifying information) _____ _____	Inappropriate behavior demonstrated (check all that apply): <input type="checkbox"/> Hitting <input type="checkbox"/> Biting <input type="checkbox"/> Pinching <input type="checkbox"/> Scratching <input type="checkbox"/> Kicking <input type="checkbox"/> Spitting <input type="checkbox"/> Screaming <input type="checkbox"/> Protesting <input type="checkbox"/> Crying <input type="checkbox"/> Property Destruction <input type="checkbox"/> Throwing objects/materials <input type="checkbox"/> Clearing materials/surface <input type="checkbox"/> Noncompliance <input type="checkbox"/> Other _____ Description of activity in which the student or other students were engaged in immediately preceding use of seclusion:	
De-Escalation Techniques/Verbal Strategies used and alternatives to seclusion that were attempted (check all that apply): <input type="checkbox"/> Calming/Coping Strategies <input type="checkbox"/> Given choices <input type="checkbox"/> Reduced demand <input type="checkbox"/> Reduced verbal interaction <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Removal of other students <input type="checkbox"/> Voluntary removal of student to another location <input type="checkbox"/> Time-Out <input type="checkbox"/> Sensory break <input type="checkbox"/> Visual Supports <input type="checkbox"/> Physical Escort <input type="checkbox"/> Other _____ _____		

Seclusion Incident Debriefing Notes

After the use of seclusion, a documented debriefing by appropriate staff, including staff involved in the restraint must occur. The purpose of the debriefing is to review the incident and take any necessary actions to reduce the chances that such an incident will reoccur. Those attending the debriefing meeting shall have the opportunity to review the Seclusion Incident Report documenting the incident.

Debriefing Information		
Date of Debriefing:	Time of Debriefing Meeting:	Location:
Debriefing Notes:		
Further Action(s) to be taken:		

<u>Signatures of those attending the debriefing meeting</u>	<u>Position</u>
	Teacher
	Principal or administrator
	Case Manager
	Supervisor

This report has been prepared by _____
(Name) (Position)