

The following report is to be completed following the physical restraint or seclusion of a student. The form is to be completed by the person(s) using the restraint procedures and provided to the school administrator immediately following the event.

Date:	School:
Student Name:	Grade:

What Occurred?	Time: Location: Order of Events:
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Interventions used prior to the implementation of seclusion/physical restraint:

Attempts to deescalate the situation and stop behaviour:

Behaviour resulting in the use of seclusion or physical restraint:

Duration of seclusion or physical restraint:

Student's behaviour while being physically restrained or in seclusion:
Physical restraint technique used:
Injuries to self or others and damage to property, if applicable:
Names of school staff involved in the implementation of the physical restraint and/or seclusion:
Efforts, including methods used, to notify parents/guardians, including dates and times:
Additional Information: (Contextual information that is relevant to the situation):

Staff Member Signature:	Date:
Principal Signature:	Date:
Assistant Superintendent Signature:	Date: