



INCIDENT REPORT UNDER SESA BP 5142.3 (Students: RESTRAINT AND SECLUSION)

Physical restraint means a personal restriction that immobilizes or reduces the ability of a student to move the student's arms, legs, or head freely. Physical restraint does not include briefly holding a student in order to calm or comfort, or the use of contact that is reasonably necessary to safely escort a person from one area to another.

Seclusion means the involuntary confinement of a student alone in a room or area that the student is physically prevented from leaving. Seclusion does not include time-outs, a student's voluntary choice to enter a secluded environment, supervised detention or in-school suspension rooms that are utilized for instructional purposes, or suspension from school.

Name of School/Program: _____
Name of SESA Specialist Completing the Report: _____
Date of Report: _____

Student Involved

Student Name: _____ Age: _____ Gender: _____ Grade: _____

Student has (check all that apply):

- IEP 504 Plan Behavior Plan
 Other plan (identify): _____ None of these plans

Description of the Incident

Date of incident: _____
Beginning time of incident: _____ Ending time of incident: _____
Total time of incident: _____

Location of the incident (be specific):

Description of the incident, including the resolution and process of return of student to program (if appropriate):

Description of events and circumstances:

Less restrictive interventions tried prior to the use of physical restraint/seclusion
(if none used, explain why):

Student behavior that resulted in the use of physical restraint/seclusion:

Description of Restraint or Seclusion; Staff Involved

Detailed description of the physical restraint/seclusion used:

Name and job titles of the Agency and school personnel involved, and their role in the use of physical restraint/seclusion:

Full Name	Job Title	Role in Incident

Bodily Injury of Staff

Did Agency personnel sustain bodily injury?

Yes No

If **yes**, name of person(s) sustaining injury:

Date and time of medical treatment administered (if any):

Notification; Signature

Date and time of incident notification to the Agency administrator:

SESA Specialist Signature: _____

Printed Name: _____

Title: _____