# SECLUSION OR RESTRAINT REPORTING SHEET

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher/class</td>
<td>Time in/time out</td>
</tr>
</tbody>
</table>

Staff person initiating seclusion/restraint; others present/involved, name/title:

Describe the behavior that led to seclusion/restraint, including time, location, activity, others present, other contributing factors:

Procedures used to attempt to de-escalate the student prior to using seclusion/restraint:

Student behavior during seclusion/restraint:  

Student behavior after seclusion/restraint:

Was there any injury or damage? □ Yes □ No  
If yes, describe:

Follow-up with student after the seclusion/restraint:

Is other follow-up needed (e.g., IEP meeting, additional evaluation, discussion with others)?  
□ Yes □ No  
If yes, specify:

Parent contact (method, date, by whom):  

Administrator Signature/Date: