**MICHIGAN CITY AREA SCHOOLS**

**SECLUSION AND OR RESTRAINT INCIDENT REPORT**

**Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Racial/Ethnic Status of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_**

**Date and Time of the Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Notification: Time: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the student have a disability? Yes: \_\_\_\_\_ IEP or Section 504 Plan (underline) No: \_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following must be completed after each seclusion and/or restraint incident.

1. A description of any relevant events leading up to the incident;
2. A description of any interventions used prior to the implementation of seclusion or restraint;
3. A description of the incident and/or student behavior that resulted in implementation of seclusion or restraint including a description of the danger of injury which resulted in the seclusion or restraint



1. The duration of any seclusion or restraint; or the beginning and ending times of the restraint and/or seclusion;
2. A log of the student's behavior during seclusion or restraint, including a description of the restraint technique(s) used and any other interaction between the student and staff;
3. A description of any injuries (to students, staff, or others) or property damage;
4. A description of the planned approach to dealing with the student's behavior in the future;
5. A list of the school personnel, who participated in the implementation, monitoring, and supervision of seclusion or restraint and whether they had training related to seclusion or restraint;

Comments:

This report must be forwarded to the Director of Special Education within 2-days of the event.