

**Todd County School District Policy Exhibit: JGB – E(1)**

**RESTRAINT AND SECLUSION INCIDENT REPORT FORM**

\_\_\_\_\_ Student Name

\_\_\_\_\_ Date of Incident

Does this student have a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the disability? \_\_\_\_\_

Student ethnicity: \_\_\_\_\_ Student gender: \_\_\_\_\_

Teacher/class/grade: \_\_\_\_\_

Staff person(s) initiating restraint; others present/involved:

Staff person(s) initiating seclusion; others present/involved:

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

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

Describe the restraint/seclusion:

Duration of time of restraint/seclusion:

Staff member submitting report: \_\_\_\_\_

Submitted to Administration at \_\_\_\_\_ date \_\_\_\_\_ time

ADOPTED: May 31, 2018