



Emergency Seclusion and Emergency Restraint Documentation Form

Student Name:	Building:	Date:
Crisis Team Member Involved (Please identify key personnel with an *):		
School Personnel who initiated the use of restraint or seclusion:		
Timeframe of Crisis Intervention:		
Location(s) Crisis Intervention (Ex. Classroom, Hallway, Gym, Recess):		
What happened BEFORE the behavior occurred (antecedents):		
Staff Intervention Used:		
Strategies/Interventions used to attempt to de-escalate the student prior to using seclusion and restraint:	Time Frame:	
Description of Behavior (Use objective, measureable terms; include frequency, intensity, and duration):	Time Frame:	
<input type="checkbox"/> Emergency Physical Restraint (Please describe behavior that posed an IMMEDIATE risk to the safety of the individual student or posed an imminent risk to the safety of others)	Time Frame:	
<input type="checkbox"/> Emergency Seclusion (Please describe behavior that posed IMMEDIATE risk to the safety of the individual student or posed an imminent risk to the safety of others.)	Time Frame:	
<input type="checkbox"/> Extended Time was utilized during crisis intervention. Emergency Physical Restraint: 10 minutes Emergency Seclusion: Elementary - 15 minutes and Middle and High - 20 minutes Please explain the extension beyond the time limit:	Time Frame:	
Were any injuries sustained? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete an accident report and identify who was injured and provide a brief summary of injuries:		
Describe follow up with student after seclusion and/or restraint (including when and where):		
Parent Contact Date and Time:	Written Report Given to Parent Within 24 hours: <input type="checkbox"/> YES ___ Initials	

Administrator Signature: _____ Date: _____



Student Name:	Building:	Date:	
Description of Behavior (Use objective, measureable terms; include frequency, intensity, and duration):			
Summary of Debriefing Discussion with Staff (COPING Model). Please also identify strategies and interventions that were effective. Control (physically and emotionally), Orient (establish basic facts), Patterns (behaviors, triggers and trends), Investigate (alternatives to the appropriate behavior), Negotiate (come up with agreement/contract for behavior with student), Give (responsibility and control).			
Summary of Debriefing Discussion with Student (COPING Model). Please also identify strategies and interventions that were effective. Control (physically and emotionally), Orient (establish basic facts), Patterns (behaviors, triggers and trends), Investigate (alternatives to the appropriate behavior), Negotiate (come up with agreement/contract for behavior with student), Give (responsibility and control).			
What could have been done differently to support CARE, WELFARE, SAFETY, SECURITY and DIGNITY during crisis incident:			
Is there a behavior intervention plan in place? YES NO			
Summary of Data Review (Prior use of emergency seclusion and emergency restraint):			
Is there a pattern of behavior that could result in future use of emergency seclusion or emergency restraint? <input type="checkbox"/> <input type="checkbox"/> YES NO			
If YES, conduct/revise a FBA (Functional Behavioral Assessment) and develop or revise a Positive Behavior Support Plan to facilitate elimination of use of seclusion and restraint; include emergency intervention plan.			
What is the follow-up action: 1) 2) 3)			
Team Members	Name	Signature	Date
Please identify key personnel with a *	1)		
	2)		
	3)		
	4)		
	5)		

Emergency Seclusion and Emergency Restraint Debriefing Form

Administrator Signature: _____ Date: _____