

**CONTOOCCOOK VALLEY SCHOOL DISTRICT
SECLUSION INCIDENT REPORT
FORM JKAA-F2**

(See Policy JKAA)

School: _____ Name of Student: _____ Date of Seclusion: _____

Does student receive special education services? ___Yes ___No Does student have a 504 Plan? ___Yes ___No

Date of this report: _____ Site of Seclusion: _____

This report prepared by: _____ Position: _____

Staff administering seclusion:

Name: _____ Title: _____

Seclusion Resource Staff? Yes No

If no, general seclusion training? Yes No

Name: _____ Title: _____

Seclusion Resource Staff? Yes No

If no, general seclusion training? Yes No

Witnesses (if any):

Name: _____ Title: _____

Name: _____ Title: _____

Administrator who was verbally informed following this use of seclusion:

Name: _____ Title: _____

Reported by: _____ Title: _____

Parent/Guardian who was verbally informed of this use of seclusion:

Name: _____ Telephone: () _____

Called by: _____ Title: _____

Date called: _____ Time called: _____

If attempts to contact parent were unsuccessful, describe attempts (time, manner, number, etc.)

PRECIPITATING ACTIVITY:

Description of activity in which the staff, the restrained student or other students were engaged immediately preceding use of seclusion:

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Behavior that prompted the use of seclusion: _____

Efforts made to de-escalate and alternatives to the use of seclusion that were attempted: _____

DESCRIPTION OF THE USE OF SECLUSION:

Justification for initiating the use of seclusion (*check all that apply*):

- Other interventions were not effective
- To protect student from imminent, serious, physical harm
- To protect other student/staff from imminent, serious, physical harm
- To implement the necessary use of seclusion in accordance with the student's IEP or other written plan
(*describe pertinent provisions of the IEP or other written plan*):

Describe seclusion methods used and why such methods were necessary: _____

Student's behavior and reaction during the seclusion: _____

Time seclusion began: _____ Time seclusion ended: _____

CESSATION OF SECLUSION:

How seclusion ended (*check all that apply*):

- Determination by staff member that student was no longer a risk to themselves or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought medical assistance
- Other (*describe*): _____

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Description of actions taken to address the emotional needs of the student during and following the incident:

Condition of student after seclusion with a description of any injury to student and/or staff before, during or after incident of seclusion and any medical or first aid care provided:

Description of any property damage associated with the incident(s) leading to seclusion and the seclusion:

FURTHER ACTION TO BE TAKEN:

The school will take the following action and/or disciplinary sanctions (*check as many as apply*):

- Review incident with student to address behavior that precipitated the seclusion.
- Review incident with staff to discuss whether proper seclusion procedures were followed.
- Consider whether follow-up is necessary for students who witnessed the incident.
- Conduct a local investigation of any complaint regarding this seclusion (describe investigation procedures):

- Disciplinary action/sanctions taken by the program (*describe*):

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Student behavior plan reviewed and amended if necessary to address potential future incidents?
____Yes ____No (Check and explain below.)

Potential environmental change: _____

Change in staff behavior: _____

Other: _____

Need to complete a Functional Behavior Assessment: _____

Need to refer to IEP/504 Support Team for decision making: _____

NOTIFICATIONS:

____ Administration ____ Parents ____ Police ____ Special Education Case Manager ____ Other: (_____)

Date of Notification: _____