

# O'NEILL PUBLIC SCHOOLS RESTRAINT/SECLUSION REPORT

Student Name	Date
Does this student have a disability? <input type="checkbox"/> Yes If yes, what is the disability? <input type="checkbox"/> No	Student ethnicity:
	Student Gender:
	Time In/Time Out:
Teacher/Class	
Staff person initiating restraint/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:	
Student behavior during restraint/seclusion:	Student behavior after restraint/seclusion:
Was there any injury or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Follow-up with student after the restraint/seclusion:	
Is other follow-up needed (e.g., IEP meeting, additional evaluation, discussion with others)? <input type="checkbox"/> Yes If yes, specify: <input type="checkbox"/> No	
Parent Contact:	Administrative Contact: