



Student Name: _____ Date of Incident: _____

Location of seclusion: _____

Witnesses _____

Staff member requesting use of seclusion: _____

Antecedent/Precipitating Incident/Event:

Description of interventions used prior to the implementation of seclusion:

Clear description of the student's behaviour:

Who was at risk of immediate serious physical harm that resulted in the use of seclusion:

Names of other staff members involved and their role in the seclusion/restraint event:





Observations of student's behaviours, in order of occurrence, during seclusion/restraint:

Length of time of the seclusion: _____

Any other uses of other restrictive measures:

Description of any harm to students, staff, or others:

Criteria for ending seclusion and how this was communicated to the student:

Immediate post-seclusion actions:

Details of contact with parent(s)/legal guardian(s), Principal (or designate), and Superintendent/CEO:

Date of planned debriefing: _____

Date of planned student support team meeting (SSP review/update): _____





Student Specific Plan(s) in place:

*Attach log that reports how the student was monitored during seclusion/restraint and by whom.

*To be filed in the school pupil support file within 48 hours.

