

**Seclusion Incident Report**

In accordance with Section 1003.573, Florida Statutes, *Use of Restraint and Seclusion on Students with Disabilities*, within 24 hours of releasing a student with a disability from restraint or seclusion, an incident report must be completed. If the student’s release occurs on a day before the school closes for the weekend, a holiday or a natural disaster, the incident report must be completed by the end of the day the school reopens. A copy of the incident report must be sent to the parent or guardian within 3 school days after the student was manually physically restrained or secluded. Mailing a hard copy of this report to the parent or guardian will satisfy the requirement to provide an incident report as noted above. Note: The incident reporting requirement is separate from the requirement in the law to notify the parent in writing on the day the incident occurred.

\* indicates a required field

**\*Student First Name:**

|  |
| --- |
|  |

**\*Student Last Name:**

|  |
| --- |
|  |

**Student Middle Name/Initial:**

|  |
| --- |
|  |

**\*Date of Birth:**

|  |
| --- |
|  |

**\*Grade:**















**\*Race:**

 

 

 

**\*Ethnicity:**



**\*Gender:**



**\*Primary Exceptionality:**

 

 

 

 

  

 

**\*Date of Incident:**

|  |
| --- |
|  |

**\*Start Time, seclusion (HH:MM AM/PM):**

|  |
| --- |
|  |

**\*End Time, seclusion (HH:MM AM/PM):**

|  |
| --- |
|  |

**\*Is the student served in a residential setting?**

**🌕 Yes 🌕 No**

**\*Location at which seclusion occurred:**





**\*If other, please describe:**

|  |
| --- |
|  |

**\*Person(s) using or assisting in seclusion:**

 **First Name Last Name Position**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**Non-student witnesses:**

 **First Name Last Name Position**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**\*Indicate what was happening before the seclusion occurred (check all that apply).**

**The student was:**

* Given a direction
* Interacting with peers
* Presented work
* Given/serving a consequence
* Faced with unexpected change
* Transitioning to another activity
* Seeking attention
* Other

**\*Describe:**

|  |
| --- |
|  |

**\*Indicate the behavioral strategies used to prevent/deescalate the behavior (check all that apply).**

* Offer choices/preferred activity/breaks
* Praised/encouraged
* Verbally prompted/redirected
* Environment changed
* Visually prompted/redirected
* Blocked behavior
* Provided reinforcers
* Other

**\*Describe:**

|  |
| --- |
|  |

**\*Indicate the behavior that warranted the use of seclusion (check one only).**

* Verbal threat/aggression
* Self injurious behavior
* Physical aggression
* Unsafe behavior (e.g., climbing furniture)
* Running away
* Property destruction
* Other

**\*Describe:**

|  |
| --- |
|  |

**\*Indicate who was at risk of immediate physical harm (check all that apply).**

* The student
* Other students
* Adults

**\*How was it determined that there was imminent risk of serious injury or death to the student or others?**

**\*Describe**

|  |
| --- |
|  |

**\*Indicate what occurred with the student immediately after termination of the seclusion (check all that apply).**

* Debriefing/problem solving
* Environment change
* Return to activity/situation
* Removal by parent
* Behavior escalated
* Removal by law enforcement

**\*Describe**

|  |
| --- |
|  |

**\*Did the student have any injuries, visible marks, or medical emergencies that occurred during seclusion?**

* Yes
* No

If yes, describe:

|  |
| --- |
|  |

**\*Did anyone else (other students or adults) have any injuries, visible marks, or medical emergencies that occurred during seclusion?**

* Yes
* No

If yes, describe:

|  |
| --- |
|  |

**SECLUSION Incident Report**

Keep the copy of the report for your records. Sign and return this page to school.

**Student First Name:**

|  |
| --- |
|  |

**Student Last Name:**

|  |
| --- |
|  |

**Student Middle Name/Initial:**

|  |
| --- |
|  |

 **Date of Birth:**

|  |
| --- |
|  |

**School:**

|  |
| --- |
|  |

**Date of Incident:**

|  |
| --- |
|  |

**Time of Incident:**

|  |
| --- |
|  |

I acknowledge receipt of the incident report.

­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature Date**