



**Restraint or Seclusion is an emergency procedure to be employed only when there is an imminent danger to self or others. In the event of restraint/seclusion procedures being implemented, the Principal, the student's parent(s) or guardian(s) must be informed and the following report completed. TO BE COMPLETED BY SCHOOL PRINCIPAL IN CONSULTATION WITH ALL SCHOOL STAFF INVOLVED.**

## Report of Physical Restraint and/or Seclusion

Student Name	Grade	Special Education Designation if applicable
Teacher/Class	School	Date
Nature of restraint /seclusion (describe exactly what procedure was used):		
Time procedure began and time it ended:		
Staff person initiating seclusion/restraint; others present/involved:		
Describe the behavior that led to the emergency use of seclusion/restraint, including time, location, activity, others present, other contributing factors:		
<p>Was there:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Imminent serious physical harm to themselves</li> <li><input type="checkbox"/> Imminent serious physical harm to others</li> <li><input type="checkbox"/> Imminent serious physical harm to themselves and others</li> </ul>		
Procedures used to attempt to de-escalate the student prior to using seclusion/restraint:		
Follow-up with student after the seclusion/restraint:		
<p>Was a debriefing held or is a debriefing scheduled which includes school personnel and parents (and student if appropriate) and which will include reviewing incident and existing plans and revising them if necessary?</p> <p>If yes, date of meeting:</p>		
When was the parent/guardian notified?	By whom?	Name of Principal/Vice Principal completing form: