

# Seclusion or Restraint Reporting Sheet

## School District of Ashland

Student Name	Date
Teacher/class	Time in/time out
Staff person initiating seclusion/restraint; others present/involved:	
Describe the behavior that led to seclusion/restraint, including time, location, activity, others present, other contributing factors:	
Procedures used to attempt to de-escalate the student prior to using seclusion/restraint:	
Student behavior during seclusion/restraint:          Was there any injury or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	Student behavior after seclusion/restraint:          
Follow-up with student after the seclusion/restraint	
Is other follow-up needed (e.g., IEP meeting, additional evaluation, discussion with others)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
Parent contact:	Administrative contact: