

AP 610 FORM - Use of Physical Restraint/Seclusion Documentation

Name of Student:		Parents/Caregivers:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	School:	Grade:
Date of Birth:	_____/_____/_____ Month Day Year	City/Town:	
Author of Report:		Date of Report:	

Date of Incident:	_____/_____/_____ Month Day Year	Time:	
Exact Location:			
Conditions of the Environment:			

Key Participants

Team Members:	Involved Staff Members:
Involved Students:	Witnesses (please indicate if student, staff or visitor):

Description of Incident:	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Seclusion
---------------------------------	---	------------------------------------

- Chronological order (start and end)
 - Note the point report writer became alerted/involved
 - What preceded the event?
 - Staff intervention used (de-escalation strategies)
 - Responses to intervention attempts
 - Resolution
 - Details of physical aggression exhibited
 - Staff Responses to aggressive behavior
 - Location of seclusion
 - Length of physical intervention/seclusion
- (Attach additional sheet if required)*

Parent/Guardian Contacted:	<input type="checkbox"/> Yes
Details (include time of contact &/or attempted contacts):	
Staff Debrief:	<input type="checkbox"/> Yes
Date:	Staff Members Present for Debrief:
Details:	

Results / Resolution			
Note injuries/property damage:			
Signature of Author:		Date/time of report Completion:	
Administrator Signature:		Date:	

Note: Statements from key participants (staff, acting-out persons, and witnesses) may be attached as supplemental reports.

Keep a copy of this report in the student file.

Forward copies of this report to School Principal and designated Superintendent.

Director Approval August 24, 2015 – Reviewed & Updated October 7, 2019