

WSSU Restraint/Seclusion Documentation Report

Physical Restraint means the use of physical force to prevent an imminent and substantial risk of bodily harm to the student or others. Physical restraint does not include:

- a. Momentary periods of physical restriction by direct person-to-person contact, accomplished with limited force and designed either to prevent a student from completing an act that would result in potential physical harm to himself/herself or another person; or to remove a disruptive student who is unwilling to leave the area voluntarily;
- b. The minimum contact necessary to physically escort a student from one place to another;
- c. Hand-over-hand assistance with feeding or task completion; or Techniques prescribed by a qualified medical professional for reason of safety or for therapeutic or medical treatment.

Seclusion means the confinement of a student alone in a room or area from which the student is prevented or reasonably believes he or she will be prevented from leaving. Seclusion does not include time-out where a student is not left alone and is under adult supervision.

Any person who imposes a restraint or seclusion shall report its use to the building Principal as soon as possible, but no later than the end of the school day. Administrator or the administrator's designee will contact parent by the end of the school day, and complete a Parent/Guardian Notice of Restraint /Seclusion Incident form.

Student Name:	Age:	Grade:	Gender:	Check if applicable: <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> BIP <input type="checkbox"/> ESP <input type="checkbox"/> Other, explain: _____
School: _____				
Restraint/Seclusion Incident Description: _____ _____ _____ _____				
Date Incident Occurred:	Time restraint/seclusion began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Time restraint/seclusion ended: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Planning Room <input type="checkbox"/> Other: _____	Precipitating Event/ Antecedent: _____ _____			
Reason for Restraint/Seclusion: _____ _____				
Type of Restraint/Seclusion Used: _____				
Description of efforts made to deescalate and alternatives to physical restraint/seclusion that were attempted: _____ _____				
Personnel who administered/monitored the seclusion or restraint:				
Name/Signature	Position/Title	Trained to use Restraint?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
A nurse or nurse designee must be consulted after the incident. Did any injury occur as a result of the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____ _____ _____				
Nurse or designee initials: _____				
Date and time notification was provided to student's parents/guardians: _____				
Notification made by: _____				