

**PHYSICAL RESTRAINT and/or SECLUSION
INCIDENT REPORT**

Instruction to Staff: This report must be completed and provided to an appropriate administrator/designee **within two school days** of an incident of a student physical restraint or seclusion regulated by Maine Department of Education Rule Chapter 33.

STUDENT INFORMATION

Name of student: _____ School: _____

Grade: _____ Age: _____ Gender: Male Female

Name of parents/guardians: _____

Type of plan student has (check all that apply):

IEP 504 Plan IHP Behavior Plan Other Plan (please specify): _____

None of these plans

INCIDENT INFORMATION

Date of Incident: _____

Beginning Time: _____ Ending Time: _____ Total Time: _____

Location(s) of incident (be specific): _____

Did the incident involve: Physical Restraint Seclusion Both

If physical restraint and/or seclusion were used more than once during the incident, specify the beginning and ending time of each use: _____

Describe the circumstances and specific student behavior that led to the incident: _____

Describe what interventions were tried prior to the use of physical restraint and/or seclusion (if none were tried, explain why): _____

Describe the incident as it happened, including the type(s) of physical restraint and/or seclusion used:

Describe how the incident was resolved and the student returned to program (if applicable):

STAFF INFORMATION

Provide the following information about staff members involved in the incident:

Name: _____ Role: _____ Certified? Yes No

Name: _____ Role: _____ Certified? Yes No

Name: _____ Role: _____ Certified? Yes No

Name: _____ Role: _____ Certified? Yes No

Name: _____ Role: _____ Certified? Yes No

BODILY INJURY INFORMATION

Was anyone injured during the incident? Yes No

If yes, provide the following information:

Name of person(s) sustaining injury: _____

Describe injury(ies) sustained: _____

Date and time of the nurse or other response personnel notification: _____

Treatment administered: _____

NOTIFICATION/DEBRIEFING

Date, time and method of administrator notification: _____

Date, time and method of parent/guardian notification: _____

Date and time of staff debriefing: _____

Date and time of student debriefing: _____

Has student been involved in 2 or more prior incidents during the current school year? Yes No

If yes, date and time of required team meeting(s): _____

Re-entry Plan (if needed): _____

INDIVIDUAL COMPLETING REPORT

Name: _____ Position: _____ Date: _____

Approved by the Wells-Ogunquit C.S.D. School Committee:

11/07/12