

Westfield Seclusion or Restraint Reporting Sheet

Return to Special Education Office

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, 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:	
IEP Meeting needed: Yes No Date/time scheduled	
Follow-up with staff:	
Parent contact:	Administrative contact:
Date/method/initials	Date/method