USE OF PHYSICAL RESTRAINT AND/OR SECLUSION DOCUMENTATION FORM

Student name:	Date of occurrence:		
Start time of occurrence:	End time of occurrence:		
Start time of use of physical restraint or seclusion:	End time of use of physical restraint or seclusion:		
Employee names and titles who observed, were involved with or implemented physical restraint and/or seclusion during occurrence (including administrators who approved extended time if applicable):		Employee's date of last training on use of physical restraint and seclusion:	
Describe student actions before, during and after occurrence:			
Describe student actions before, during and after occur			
Describe employee actions before, during and after or following, if applicable: use of non-approved restrain restraint or seclusion that lasted longer than necessary	it, use of non-c		

Describe any less restrictive means attempted as an alternative to physical restraint and seclusion or why those means would not be effective or feasible, or have failed:				
Approval from administ	rator to continue physical	Approval obtained from	administrator to continue	
restraint or seclusion pas		physical restraint or secl minutes past last approve	usion more than 30	
Administrator approving:		Administrator approving:		
Time approved:	ime approved: Time approved:			
Reasons for length of inc	for length of incident: Reasons for length of incident:		cident:	
	al was not obtained at 15 m reaks for bodily needs in in			
Parent/Guardian notification: Parents/Guardians will be notified as soon as practicable once the occurrence is under control, but no more than one hour after, or the end of the school day, whichever occurs first. Space below for documenting multiple attempts to notify guardians is listed in case the guardian cannot be reached in the first attempt.				
Employee attempting	Parent/Guardian	Time and manner of	Was notification	
notification:	contacted:	attempted notification:	successful?	
Employee attempting notification:	Parent/Guardian contacted:	Time and manner of attempted notification:	Was notification successful?	
Employee attempting notification:	Parent/Guardian contacted:	Time and manner of attempted notification:	Was notification successful?	
If Parent/Guardian notifi	ication requirements were r	not complied with, explain	why:	
Describe injuries sustained or property damaged by students or employees:				

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Describe future approaches to address student behavior including any consequences or disciplinary		
actions that may be imposed on the studen		
has been sent to the student's parent or guar parent or guardian agrees to receive the rep- mail and postmarked by the third day follow	d by the undersigned employee. A written copy of this form rdian within three school days of the occurrence. Unless the ort by email, fax, or hand delivery, the report must be sent by wing the occurrence. Enclosed with a copy of this form is an rticipate in the debriefing meeting scheduled in accordance	
Employee	Date of form delivered to Parent/Guardian	
	Method of Transmittal	

Approved February 8, 2021 Reviewed March 4, 2024