



Code No. 503.6 E1

### 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 employee actions before, during and after occurrence, including the reason for any of the following, if applicable: use of non-approved restraint, use of non-designated seclusion rooms, any restraint or seclusion that lasted longer than necessary:			
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:			



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Employee

Date of form delivered to Parent/Guardian

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Method of Transmittal

Approved Date	Reviewed Date	Revised Date
March 10, 2021	March 10, 2021	March 10, 2021