

5144.1
Form 2

Winchester Public Schools

Seclusion Report Form

Note: This report is required to be submitted to the Director of Special Education as soon as practicable after an incident involving the seclusion of a student, but in no event later than 24 hours after the incident. Any use of seclusion is to be documented in the child's educational record, and, if appropriate, in the child's school health record.

Seclusion: The involuntary confinement of a student in a room, whether alone or with supervision by a Board of Education employee, in a manner that prevents the student from leaving. (A student may not be placed in seclusion except as an emergency intervention to prevent immediate or imminent injury to the student or others. Seclusion may not be used to discipline a student, because it is convenient or instead of a less restrictive environment.)

STUDENT INFORMATION:

Name of Student: _____ Date of seclusion: _____

Date of Birth: _____ Age: _____ Gender: M/F _____ Grade Level: _____

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: ____ No: ____ School: _____

Date of this report: _____ Site of seclusion: _____

This report prepared by: _____ Position: _____

Staff placing student in seclusion:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Staff monitoring seclusion:

Name: _____ Title: _____

Name: _____ Title: _____

Administrator who was verbally informed following the seclusion:

Name: _____ Title: _____

Reported by: _____ Title: _____

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PRECIPITATING ACTIVITY/DESCRIPTION OF SECLUSION:

Does the student have an IEP which includes the use of seclusion? Yes ____ No ____

If No: Description of the risk of immediate or imminent injury to the student secluded or others that required use of seclusion.

If Yes or No: Description of other steps, including attempts at verbal de-escalation, to prevent the use of seclusion:

MONITORING OF SECLUSION

Regular evaluation of the student being secluded for signs of physical distress:

Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____

Time seclusion began: _____ Time seclusion ended: _____
Total time (in minutes): _____

CESSATION OF SECLUSION:

How seclusion ended (*check all that apply*):

- ☐ Determination by staff member that student was no longer a risk to himself/herself or others
- ☐ Intervention by administrator(s) to facilitate de-escalation
- ☐ Law enforcement personnel arrived
- ☐ Staff sought in-house assistance
- ☐ Community emergency personnel arrived
- ☐ Termination per instruction in IEP/behavior plan
- ☐ Other (*describe*): _____

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Description of any injury to student and/or staff and any medical or first aid care provided:

Time medical staff checked injured person: _____

Medical staff actions: _____

Medical staff name: _____

Incident report was filed with the following school district official:

Date: _____

FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary)

The school will take the following actions (*check all that apply*)

- ☐ Review incident with student to address behavior that precipitated the seclusion
- ☐ Debrief staff regarding incident
- ☐ Consider whether follow-up is necessary for students who witnessed the incident
- ☐ Further contact with parents (*describe*):

- ☐ Convene Crisis Team Meeting
- ☐ Convene PPT to review/revise behavior intervention plan and/or IEP
- ☐ Convene PPT to discuss functional behavior assessment

PARENT/GUARDIAN NOTIFICATION (*required for all seclusions*):

Parent who was verbally informed of this seclusion:

Name: _____ Telephone Number: _____

Date: _____ Time: _____

Called by: _____ Title: _____

Notice mailed to Parent: Yes _____ No _____

Mailed by: _____ Title: _____

Reviewed by: _____ Date: _____

(Program Administrator/ Team Leader)

Reviewed by: _____ Date: _____

(Director of Special Education)

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FOR DIRECTOR OR DESIGNEE USE ONLY

- ☐ Reviewed seclusion report
- ☐ Reviewed behavior plan, if applicable
- ☐ In considering the effect of the seclusion on the student's established behavioral support of educational plan, I find the following: _____
