

5144.1
Form 3

(STATE INCIDENT REPORTING FORM)

**Report of Seclusion or Restraint
Incident Report**

School District: _____ School: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Name and Title of Person Preparing the report: _____
Incident: Seclusion _____ Restraint _____
Name of Student: _____ Student Disability: _____
Birth Date of Student: _____ Male/Female Race: _____

Describe the nature and use of seclusion: (Identify the emergency that necessitated the use of seclusion and how long the student was in seclusion.) _____

Describe the nature and use of restraint: (Identify the emergency that necessitated the use of restraint, time in restraint and type of restraint used.) _____

Was the parent contacted within twenty-four hours of the use seclusion or restraint as an emergency intervention to prevent immediate or imminent injury to the person or others?

Yes _____ No _____ If "No", did the parent receive a copy of the incident report no later than five days from the date of the incident? Yes _____ No _____

Was the student injured during the emergency use of restraint or seclusion?

Yes ___ No ___ If "Yes", complete and attach a Report of Injury.