

**INCIDENT REPORT – INTENTIONAL PHYSICAL CONTACT**

Student: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

School/Program: \_\_\_\_\_ Grade: \_\_\_\_\_

Student has: \_\_\_\_\_ IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ Behavior Plan

Time: \_\_\_\_\_ Location: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Title: \_\_\_\_\_

Individuals Involved:

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

**1. Description of the student’s behavior before, during, and after the incident.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Description of the actions of the school staff before, during, and after the incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Description of any injuries to the student, staff, or others. Description of any medical care administered to the student or others.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Person Completing Report:** \_\_\_\_\_

**Report Date:** \_\_\_\_\_

**INCIDENT REPORT – PHYSICAL RESTRAINT/SECLUSION**

Student: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

School/Program: \_\_\_\_\_ Grade: \_\_\_\_\_

Student has: \_\_\_\_\_ IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ Behavior Plan

Incident Involves: \_\_\_\_\_ Restraint(s) \_\_\_\_\_ Seclusion(s) \_\_\_\_\_ Both Restraint(s) and Seclusion(s)

Beginning Time of Each Restraint/Seclusion: \_\_\_\_\_

Ending Time of Each Restraint/Seclusion \_\_\_\_\_

Location: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Title: \_\_\_\_\_

Staff Involved in Restraint/Seclusion **(including Co-Regulator):**

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Others Involved/Observers:

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

**1. Description of the activity the student was engaged in immediately preceding the restraint/seclusion:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Description of the student's behavior(s) that prompted the restraint/seclusion, including the justification for initiating the use of the restraint/seclusion:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Description of each restraint/seclusion used, including the restraint hold(s) used and the reason the hold was necessary:**

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**4. Description of the student's behavior before, during, and after the restraint/seclusion:**

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**5. Description of the actions of the school staff before, during, and after the restraint/seclusion:**

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**6. Description of the interventions utilized prior to the restraint/seclusion and the student's response(s):**

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**7. Description of any injuries to the student, staff, or others. Description of any medical care administered to the student or others. Attach any injury reports that were necessitated by the restraint/seclusion.**

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8. Description of any property damage associated with the incident:

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9. Description of the actions taken to address the emotional needs of the student during and following the incident. For incidents involving a seclusion, description should include actions taken by the co-regulator to monitor the child and develop a plan to help the child manage their state of regulation and their return to a less restrictive setting.

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10. Description of any future actions to be taken with respect to the student's behaviors:

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11. Anticipated Date of Final Report to Parents: \_\_\_\_\_

Signature of Person Completing Report: \_\_\_\_\_ Report Date: \_\_\_\_\_