Incident Report Seclusion/SCM

(Please circle)				
Student Name:	Seclusion	SCM	Date:	
Start Time: End Time	me:			
Staff Members Involved: (all staff involved must initial once report is complete)				
How Student Behavior Posed Imminent Danger of: (check one and describe)				
Physical harm to self/others				
Property damage, destruction, criminal mischief, theft, or a felony involving use of force				
Disruption of reasonable/order				
Student Behavior Prompting Use:				
Behavioral Interventions Used Just Prior	to Physical Re	straint/Secl	usion:	
Events Leading Up to Use of Measure/Action:				
School Personnel Response to Behavior and Techniques Used:				
Description of Physical Restraint or Secl	usion Measured	l Used:		
<u>Under 12 years of age</u> : Standing Cradle Kneeling Cradle Assist Hook/Carry Tr		st Standiı	ng Bicep Kneeling Bicep	
12 years and older: Upper Torso 2 Per person seated Upper Torso	rson Upper Tor	so Standing	g Seated Upper Torso Multi-	
Describe the student behavior during Re	estraint or Seclu	ision and Ir	nteractions During Use:	

CCPS
Department of Exceptional Children
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Effectiveness of Restraint/Seclusion in De-escalating the situation:			
Describe the after action counseling method used and the outcome: (de-escalation strategies, etc)			
Planned Future Positive Behavioral Interventions:			
Trainica Tutare Tosiave Benavioral Interventions.			
Record all Staff and student injuries as well as any property damage related to the incident:			
Documentation of Referral for Section 504 or IDEA Services (or BASIS FOR NOT DOING SO):			
(Please give dates)			
(Tease give dates)			
Parent Notified (please circle): phone email in person mailed letter Date:			
Principal Notified: (please circle): phone email in person Date:			
This report completed by and date:			
Date submitted to District Support: via email in person			
Date District Support received/reviewed:			
Date submitted to Principal: Date entered in Infinite Campus			
Accident Report Filed:			
Chook as applicable			
Check as applicable:Parent Emancipated Youth notified on (date) of the five (5) school day timeline to			
request debriefing session.			
Debuiefing with more if requested within Each of device			
Debriefing with parent if requested within 5 school days:			
Parent Emancipated Youth has requested a debriefing session on			
Parent Signature:			
Emancipated Youth:			
Core Team Members: (present at debriefing)			