

SECLUSION/RESTRAINT INCIDENT LOG

Date: _____

Student: _____ Location: _____

Person(s) supervising student during seclusion/restraint incident:

Describe dangerous behavior warranting action of last resort and type of seclusion/restraint:

Describe potential triggering events:

OBSERVATION											
Code: ✓ = Student OK; still poses imminent danger C = Calming Begins R = Released from Seclusion/Restraint											
Check Student Every 15 Mins.	Start Time:										Total
	End Time:										
15	30	45	60	75	90	105	120	135	150	165	180

Injuries: ___Yes ___No: If yes, describe:

Administrator notified: _____ Time _____ Date

Parent notified: _____ Time _____ Date

PAC Manager notified: _____ Date