

Connecticut State Department of Education

Model Incident Report for the Emergency Use of Seclusion (as of 3/29/2016)

Note: Any use of seclusion is to be documented in the child's educational record and, if appropriate, in the child's school health record. An Incident Report of Seclusion is required and should be completed as soon after the incident as possible or within 24 hours of the incident. Parents/ guardians must be notified in writing within 24 hours of the incident. Notification should include the information documented on the Incident report.

Seclusion: The confinement of a person in a room, whether it be alone or with supervision in a manner that prevents the person from leaving the room. In a public school, seclusion does not mean any confinement of a child where the child is physically able to leave the area of confinement including in-school suspension and time-out.

District Information

School District: _____ Address: _____ Phone: _____

School: _____ Address: _____ Phone: _____

Date of Seclusion: _____ Date of Report: _____

Person preparing the report: _____

Time seclusion initiated _____ Time seclusion ended _____ Total time of seclusion _____ *

**If the total length of the seclusion exceeds 15 minutes, attach the documentation of the required Administrator's (or designee) determination of the need for continuation of the seclusion to prevent immediate or imminent injury to the student or to others.*

Student Information

Student's Name: _____ SASID #: _____ Date of Birth: _____

Age: _____ Gender (M /F): _____ Grade: _____ Race: _____

Disability: _____

_____ The student is a general education student.

_____ The student currently receives special education services.

___ The student is being evaluated or considered for eligibility for special education services.

___ A FBA has been conducted and a BIP has been developed as part of the IEP which includes the use of seclusion as a planned intervention.

___ Seclusion was initiated in response to an "emergency".

Staff Information

Name of staff administering seclusion:
_____ Title _____

Name of staff monitoring/witnessing seclusion:
_____ Title _____

Student activity/behavior precipitating use of seclusion

Describe the location and activity in which the student was engaged just prior to the seclusion:

Describe the risk of immediate or imminent injury to the student secluded or to others that required the use of seclusion:

Staff activity/response

Describe other steps, including de-escalation strategies implemented to prevent the emergency, which necessitated the use of seclusion:

Describe the nature of the seclusion: (Was it used as an emergency procedure to prevent immediate or imminent injury to the student or others? Was it used as a behavior intervention as indicated in the IEP? If in the IEP, did the situation/emergency meet the criteria as outlined?):

Did the student demonstrate physical distress while in seclusion? Yes No

Indicate times student was monitored for physical distress and if any signs of physical distress were noted:

Describe the disposition of the student following the use of seclusion:

Was the student injured during the emergency use of seclusion? Yes No

If "yes," complete and attach a Report of Injury.

Parent/Guardian Notification

Was parent/guardian notified within 24 hours of the incident?

Yes (indicate manner) _____

No

Was a copy of the Incident Report sent to parent/guardian within two business days?

Yes No

Is a* PPT required to review/revise the IEP or discuss additional evaluation or the development/revision of a FBA and or BIP? Yes No

Is a PPT recommended to modify the IEP? ___ Yes ___ No if "yes," indicate date ____

Is a *meeting required for this general education student? ____ Yes ____ No

If "yes," indicate date ____

*A PPT is required if this incident marks the 4th incident of restraint or seclusion within a twenty school day period.