



Restrictive Procedures Form Seclusion

The Minnesota Department of Education (MDE) has developed this form for use by the education community. The purpose of this form is to provide helpful guidance and a documentation model including the required data elements for compliance with special education restrictive procedure requirements.

Student's name: _____ **Student's MARSS number:** _____

Date seclusion was used: _____ **Date form completed:** _____

Name, position, and telephone number of person completing form:

Name(s) and positions of all persons involved in using the restrictive procedure:

Emergency:

Address this section if seclusion was not addressed on the student's IEP or Behavior plan but was used in an emergency.

Was seclusion used to protect child/others from physical injury? Yes _____ No _____

Description of emergency situation:

Was seclusion used to prevent serious property damage? Yes _____ No _____

Description of emergency situation:

Description of the incident that led to seclusion:

Seclusion:

Complete this section every time seclusion is used with a student.

Location of room used for seclusion: _____

Did the room meet the requirements of a room used for seclusion? Yes____ No____

Room was well lit, well ventilated, adequately heated, and clean? Yes____No____

Room did not contain objects that a child may use to injure the child or others? Yes____ No____

Provide a description of the student’s behavioral and physical status.

Summarize the student’s physical status DURING the restrictive procedure:	Summarize the student’s physical status AFTER the restrictive procedure:
Breathing:	Breathing:
Color:	Color:
Alertness:	Alertness:

Was seclusion the least intrusive intervention to effectively respond to the emergency? Yes____ No____

Explain. Include why a less restrictive measure failed or was determined by staff to be inappropriate or impractical.

Did the seclusion end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity? Yes____ No____ if no, explain

Did staff directly observe the child during seclusion? Yes____ No____ if no, explain

Length of time seclusion was used: Start_____ End_____ Total Time_____

Parents notified: When (time/date) _____ By Whom _____

Method used (phone/writing/email)_____

Staff debriefing must be held as soon as possible (within 24 hours). When possible include someone who was not involved in the incident, but who is knowledgeable in behavior. If a pattern is emerging, contact a member of the CPI team to attend. The purpose of the debriefing is to prevent future incidents.

Staff Debriefing Form

Student's Name: _____

Date of Incident: _____

Signatures of staff attending debriefing: (should include at least one person not involved in incident who has knowledge of behavior)

Date & Time of Debriefing: _____

Is Student on an IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Student have a behavior plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was BIP followed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was this intervention used in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the behavior likely to occur again? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe the incident that led to the physical holding or seclusion

What happened before the student exhibited the behavior (setting, adult directive, peers, environment, etc.): _____

What behavior did the student exhibit when the above happened? _____

--

Describe what less restrictive measure or positive behavior interventions were used before using the restrictive procedure and why they did not work: _____

What behavior prompted the restrictive procedure? _____

Follow-up Action Plan: (will an IEP team meeting be held?) <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
--

Have there been any other restrictive procedures in the last 30 days? (If restrictive procedures are used twice in one month or a pattern emerges, the team needs to meet, even when the procedures are included in a student's IEP or BIP) Yes No

CC: Building Principal, Student Support Team, Student Learner File