



Emergency Seclusion and Emergency Restraint Documentation Form

UIC#

Student Name:		Building:		Date:	
Crisis Team Members Involved (Please identify key personnel with an *):					
School Personnel who initiated the use of restraint or seclusion:					
Timeframe of Crisis Intervention:					
Location(s) Crisis Intervention (Ex. Classroom, Hallway, Gym, Recess):					
What happened BEFORE the behavior occurred (antecedents):					
Staff Intervention Used:					
Strategies/Interventions used to attempt to de-escalate the student prior to using seclusion and restraint:				Time Frame:	
Description of Behavior (Use objective, measurable terms; include frequency, intensity, and duration):				Time Frame:	
<input type="checkbox"/> Emergency Physical Restraint (Please describe behavior that posed an IMMEDIATE risk to the safety of the individual student or posed an imminent risk to the safety of others)				Time Frame:	
<input type="checkbox"/> Emergency Seclusion (Please describe behavior that posed an IMMEDIATE risk to the safety of the individual student or posed an imminent risk to the safety of others)				Time Frame:	
<input type="checkbox"/> Extended Time was utilized during crisis intervention. Emergency Physical Restraint: 10 minutes Emergency Seclusion: Elementary-15 minutes and Middle and High- 20 minutes				Time Frame:	
Please explain the extension beyond the time limit:					
Were any injuries sustained? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, please complete an accident report and identify who was injured and provide a brief summary of injuries:			
Describe follow up with student after seclusion and/or restraint (including when and where):					
Parent Contact Date and Time:		Written Report Give to Parent with 24hrs:		<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	

Administrator Signature: _____ Date: _____