

Natchaug Hospital School Incident Report of Seclusion

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.

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. 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.

School Information

School District (LEA) _____ Address _____ Phone _____
Natchaug School Site: _____ Address _____ Phone _____
Date of Seclusion: _____ Date of Report: _____ Person preparing the report: _____
Time seclusion was initiated _____ Time seclusion ended _____ Total time of seclusion _____

Student Information

Student's Name _____ SASID # _____ Date of Birth: _____
Age: _____ Gender: _____ Grade _____ Race: _____ Disability: _____
 The student currently receives special education services.
 The student is being evaluated or considered for eligibility for special education services.

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 in 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 time student was monitored for physical distress: _____

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 2 business days? Yes No

Is a PPT recommended to modify the IEP? Yes No