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|  | **RIVER BEND EDUCATION DISTRICT**  1315 S Broadway Street  New Ulm, MN 56073  ph(507) 359-8700  fax (507) 359-1161 |

Restrictive Procedures Form  
Seclusion

"Seclusion" means confining a child alone in a room from which egress is barred. Egress may be barred by an adult locking or closing the door in the room or preventing the child from leaving the room. Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion. Minn. Stat. 125A.0941(g)Seclusion is never used to punish a child!

Please email completed form (password protected) to River Bend’s Assistant Special Education Director or fax to River Bend Education District 507-359-1161.

Upload this document into Sped Forms.

School District name:

Student’s name:

Select the Student’s Primary Disability:

Student’s age:

Date seclusion was used:      Day of Seclusion:

Date form completed:

Individual Compiling Report and POSITION:

Telephone number of person completing form:

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

# Emergency:

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

Antecedent to the behavior resulting in the use of a physical hold:

Description of emergency situation, be as specific as possible:

Was law enforcement contacted: Yes  No

# Seclusion:

Location of room used for seclusion:

Description of the student’s behavioral and physical status:

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

Yes  No

Explain 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:

Injuries sustained by student or staff members:

Was more than one seclusion used within this particular incident? Yes  No

How many were used?

Please explain:

Length of time **each** seclusion was used:

Start time:      End time:       Total Time:

Start time:       End time:       Total time:

Start time:       End time:       Total Time:

**Parents notified:** Yes  No  When (time/date):      By Whom:

Method of notification used:

Signature of individual compiling report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debriefing Meeting scheduled for:

Cc. Principal, Director of Special Education, and Case Manager