Code No. 503.6E1

PHYSICAL RESTRAINT AND SECLUSION OF STUDENTS- DOCUMENTATION FORM

Student name: Date of occurrence:

Start time of occurrence: End time of occurrence:

Start time of use of physical restraint or seclusion:

End time of use of physical restraint or seclusion:

Employee names and titles who observed, were involved with or implemented physical restraint and/or
seclusion during occurrence (including administrators who approved extended time if applicable):

Employee's date of last training on use of physical restraint and seclusion:

Describe student actions before, during and after occurrence:

Describe employee actions before, during and after occurrence, including the reason for any of the following, if applicable: use of non-approved restraint, use of non-designated seclusion rooms, any restraint or seclusion that lasted longer than necessary:

Approved: July 18, 2022 Reviewed: August 18, 2025 Revised:_____