

**South Lane
School District 45J3**

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Physical Restraint and/or Seclusion Incident Report

Student Name:	Date of restraint or seclusion:
Staff Member(s) administering physical restraint or seclusion: <ul style="list-style-type: none">_________________________	Time restraint or seclusion began: _____ Time restraint or seclusion ended: _____
Parents notified: _____ (date) _____ (time) Description of notification:	Incident Location:
A description of the restraint or seclusion incident: _____ _____ _____ _____ _____	
A description of the student's activity immediately preceding the behavior that prompted the use of restraint or seclusion: _____ _____ _____ _____	
A description of the behavior that prompted the use of restraint or seclusion: _____ _____ _____	
Efforts to de-escalate the situation and alternatives to restraint or seclusion that were attempted: _____ _____ _____	
A summary of the debriefing meeting held with parents and team, including administrator: _____ _____ _____	