

RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

Spring Green, Wisconsin 53588

Phone: 608-588-2551 443 Exhibit

Seclusion and/or Physical Restraint Incident Notification and Reporting Form

Student Name	Teacher		
Date:	_ Time In/Time Out:	Total Duration:	
Circle all that apply:	Seclusion	Physical Restraint	
Parent Contact Date and	l Method:		
Administrative Contact	Date and Method:		
Describe the behavior the	nat led to seclusion/restraint:		
Procedures used to atter	mpt to de-escalate the student <u>bef</u>	ore using seclusion/restraint:	
Student behavior durin	g seclusion/restraint (minimum o	f report every 3-5 minutes):	
Time:	Behavior:		
Description of the action	ns of the pupil <u>after</u> the incident:		
Was there any injury or If yes, describe:	damage? (circle)	Yes No	
The names and titles of	staff members present during the	incident:	

1st Copy - Teacher

2nd Copy - Parent(s)

3rd Copy - Administrator

APPROVED: 4/9/15