



# Seclusion and Restraint Documentation Form

**Author:** Michigan Department of Education

**Last updated:** 8/28/17

The use of seclusion and restraint is statutorily prohibited in Michigan’s public schools, subject to a narrow exception for emergency seclusion and emergency physical restraint. Further, schools must document any use of seclusion or restraint, including the use of emergency seclusion and emergency physical restraint. Consequently, throughout this form, “seclusion and restraint” includes emergency seclusion and emergency physical restraint.

The form schools use to document each incident of seclusion or restraint must include the information shown in this model form. Immediately after each incident, one of the involved staff members must complete the form.

---

Name of staff completing form:

Title:

Date completing form:

## **Student Information**

Student Name:

School Building:

Does the student have a known medical condition?      Yes      No

If yes, provide a brief description:

## **Problem Behavior**

Date the problem behavior occurred:

What happened before the behavior occurred? Describe the antecedents or triggers.



Describe the behavior. Include the frequency and intensity. Explain how it posed an imminent risk to the safety of the individual student or others.

How long did the problem behavior last before the intervention?

### **Prior Interventions (Before Seclusion or Restraint)**

Describe the strategies or interventions attempted to stop the behavior prior to the use of seclusion or restraint.

For how long were the prevention strategies or interventions attempted prior to the use of seclusion or restraint?

### **Intervention (Seclusion or Restraint)**

The staff used:      Seclusion      Restraint

Time the intervention started:

Staff member who initiated the intervention:

Staff involved (mark an asterisk \* next to those who previously received comprehensive training on the use of emergency seclusion and emergency physical restraint):

Location(s) of the intervention (e.g., classroom, hallway, etc.):



Describe the seclusion or restraint that was used.

Length of time seclusion was used:

*Allowable time for emergency seclusion without extensions — 15 minutes (elementary) or 20 minutes (secondary)*

Length of time restraint was used:

*Allowable time for emergency physical restraint without extensions — 10 minutes*

If extended time was used, explain the reason why. Include a description of the additional support used during the extended time.

Describe the student response to the intervention.

Were any injuries sustained during the intervention?      Yes      No

If yes, identify who was injured and briefly describe the injury. (Also complete any accident reports required by the school.)



Describe the follow-up with the student after the intervention. Include when and where the follow-up occurred.

### **Contact With Parent/Guardian**

Date:                      Time:                      Was a written report given  
to the parent/guardian?                      Yes                      No

If the parent did not receive a written report, document the reasonable effort made to provide one.