



**Ripon Area School District**  
**Seclusion or Restraint Reporting Sheet**

Student Name:		Grade:
Date:	Time in/time out:	
Staff persons initiating, involved in, or present during seclusion/restraint (include name and title):		
Describe the behavior that led to seclusion/restraint, including time, location, activity, others present, other contributing factors:		
<input type="checkbox"/> Hurting self or others <input type="checkbox"/> Engaged in dangerous behavior and not responding to verbal intervention <input type="checkbox"/> Risk of continued behavior are greater than the risk of restraints		
Procedures used to attempt to de-escalate the student prior to using seclusion/restraint:		
Student behavior during seclusion/restraint:	Student behavior after seclusion/restraint:	
Was there any injury or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
Follow-up with student after the seclusion/restraint:		
Is other follow-up needed (e.g. IEP meeting, additional evaluation,)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		
Parent contact (method, date, by whom):	Administrator Signature/Date:	