

Lloydminster Catholic School Division

PHYSICAL RESTRAINT AND SECLUSION

Incident Report

Name:	Date of Occurrence:
School:	Time:
Duration of Occurrence:	
Inclusion and Intervention Plan (IPP) Circle: YES NO	
Name(s) and role of staff members involved:	
Describe the actions of the student and staff members involved <i>before</i> the occurrence:	
Describe the actions of the student and staff members involved <i>during</i> the occurrence:	
Describe the actions of the student and staff members involved <i>after</i> the occurrence:	
Describe topics covered during student and staff debriefing:	
Describe alternatives to physical restraint and/or seclusion attempted before the occurrence:	

Describe any injuries to the student, staff members or others, and any other property damage caused by the incident:		
Describe possible future approaches to the student's behavior:		
Student's parent/guardian contacted by:		
Date:	Method:	Time:
If the parent/guardian was not contacted on the same day of occurrence, describe reasons why and further attempts to notify the parent/guardian of the occurrence.		
Date that a copy of this documentation was provided to the parent/guardian:		

For Central Office Use Only:

Date Received:	
Description of the follow-up to occurrence:	
Deputy Director of Education Signature:	