STUDENTS Form 2770

## **Student Welfare**

## **Seclusion and Restraint Incident**

1.	Description of the incident and interventions.
	a. Date and time:
	b. Location:
	c. Duration:
	d. Description:
2.	Any event leading to the incident and the reason for using seclusion or restraint.
3.	Description of the methods of seclusion/restraint used.
4.	Nature or extent of injury to the student, if any.
5.	The names, roles, and certification of each staff member involved in the use of seclusion/restraint.
6.	The name, role, and signature of the staff member who prepared the report.
7.	The name of the staff member who the parent/guardian can contact regarding the incident and use of seclusion or restraint.

	8.	The name of the staff	member to cor	ntact if the pare	ent/guardian	wishes to	file a comp	olaint.
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9. A statement directing parents/guardians to a sociological, emotional, or behavioral support organization and a hotline number to report child abuse and neglect.

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