

ISOLATION ROOM INCIDENT REPORT

Isolation Room means purposefully placing the student in an enclosed room built in compliance with all relevant health and safety codes. The student is not released from the Isolation Room and permitted to rejoin the learning environment or school activity until directed by staff. An Isolation Room is not the same as locked seclusion, which is a prohibited practice.

Student Name:		Grade:	School:
Incident Description			
Date Incident Occurred:	Time seclusion began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time seclusion ended: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) that lead to seclusion:		
Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Other: _____			
Thorough description of efforts made to deescalate and alternatives to seclusion that were attempted: (include use of positive behavior interventions)			
Student's behavior during seclusion:		Student's behavior after seclusion:	
Location of seclusion area: Seclusion room meets the following criteria: <input type="checkbox"/> Allow staff full view of the student in all areas of the room <input type="checkbox"/> Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets	Follow Up: <input type="checkbox"/> Determination by staff member that student no longer required seclusion <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Other (<i>describe</i>):		
Staff member(s) responsible for continuous monitoring of student's status during seclusion:			
Staff Administering/Observing Time Out:			
<u>Name</u>		<u>Position</u>	

Parent Notification	Contact Method	
Name of parent(s) contacted: Phone #: Date and time of contact: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Both	Contacted by the following staff member (<i>include name and position</i>):

This incident report has been prepared by:

(Name)

(Position)

(Date)