



### Gloucester County Public Schools Emergency Use of Restraint or Seclusion of Students

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Position: \_\_\_\_\_

Check (✓) all boxes that apply

Physical Restraint     Mechanical Restraint     Chemical Restraint     Seclusion was used:

after less intrusive interventions had failed. List (below) interventions that were attempted:

after less intrusive interventions were deemed inappropriate or inadequate. This decision was substantiated by the following explanation:

**in an emergency situation:**

an emergency situation existed that necessitated the use of restraint or seclusion due to immediate threat of harm to:     self     others

restraint or seclusion was used only for the time period that was necessary to contain the behavior of the student so that the student no longer posed an immediate threat of causing physical injury to self or others

restraint or seclusion was implemented in accordance with all school division and/or program policies and procedures regarding the use of restraint or seclusion

the force used in application of restraint or seclusion did not exceed the force that was reasonable and necessary under the circumstances precipitating the use of restraint or seclusion

Date of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Time restraint or seclusion began: \_\_\_\_\_ Time restraint or seclusion ended: \_\_\_\_\_

Name of person(s) involved:



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Description of incident:

Description of behavior in seclusion (if applicable):

- School Administrator notified:      Date: \_\_\_\_\_      Time: \_\_\_\_\_
- Division Administrator notified:      Date: \_\_\_\_\_      Time: \_\_\_\_\_
- Parent / Guardian notified:      Date: \_\_\_\_\_      Time: \_\_\_\_\_
- Debriefing:      Date: \_\_\_\_\_      Time: \_\_\_\_\_
- Copy to Student File
- Copy to Parent / Guardian

**ADOPTED:** December 14, 2010

**REVISED:** February 8, 2011