

**East Hartford Public Schools**

**Incident Report of Seclusion**

Note: Any use of seclusion is to be documented in the child's educational record and, if appropriate, in the child's school health record. Use of the CSDE Incident Report of Seclusion is required and should be completed as soon after the incident as possible or within 24 hours of the incident.

**Seclusion:** The confinement of a person in a room, whether it be alone or with supervision in a manner that prevents the person from leaving the room. In a public school, seclusion does not mean any confinement of a child where the child is physically able to leave the area of confinement including in-school suspension and time-out.

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**District Information**

School District: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Seclusion: \_\_\_\_\_ Date of Report: \_\_\_\_\_  
Person preparing the report: \_\_\_\_\_  
Time seclusion initiated \_\_\_\_\_ Time seclusion ended \_\_\_\_\_ Total time of seclusion \_\_\_\_\_

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**Student Information**

Student's Name: \_\_\_\_\_ SASID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender (M /F): \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_ Disability: \_\_\_\_\_  
\_\_\_\_ The student currently receives special education services.  
\_\_\_\_ The student is being evaluated or considered for eligibility for special education services.

**Staff Information**

Name of staff administering seclusion: \_\_\_\_\_ Title \_\_\_\_\_  
Name of staff monitoring/witnessing seclusion: \_\_\_\_\_ Title \_\_\_\_\_

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**Student activity/behavior precipitating use of seclusion**

Describe the location and activity in which the student was engaged just prior to the seclusion:

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Describe the risk of immediate or imminent injury to the student secluded or to others that required the use of seclusion: \_\_\_\_\_

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**Staff activity/response**

Describe other steps, including de-escalation strategies implemented to prevent the emergency, which necessitated the use of seclusion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the nature of the seclusion: (Was it used as an emergency procedure to prevent immediate or imminent injury to the student or others? Was it used as a behavior intervention as indicated in the IEP? If in the IEP, did the situation/emergency meet the criteria as outlined?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the student demonstrate physical distress while in seclusion? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Indicate times student was monitored for physical distress and if any signs of physical distress were noted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the disposition of the student following the use of seclusion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the student injured during the emergency use of seclusion? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If "yes," complete and attach a Report of Injury.*

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**Parent/Guardian Notification**

Was parent/guardian notified within 24 hours of the incident?

\_\_\_\_ Yes (indicate manner) \_\_\_\_\_

\_\_\_\_ No

Was a copy of the Incident Report sent to parent/guardian within two business days?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Is a PPT recommended to modify the IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No *If "yes," indicate date* \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
(Program Administrator/Team Leader)