

Emergency     In accordance with IEP

## Manchester Public Schools - Incident Report of Seclusion

*Any use of physical restraint is to be documented and placed in the building-based binder and to be shred at the close of the school year. All incident reports are sent to the Assistant Superintendent for Pupil Personnel Services.*

**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.

### **District Information**

School District: <b>Manchester</b>	Address: <b>45 North School St</b>	Telephone: <b>860-647-3452</b>
School: _____	Address: _____	Telephone: _____
Date of Restraint: _____	Date of Report: _____	Person Preparing Report: _____
Time Ugenwukqp Initiated: _____	Time Ugenwukqp Ended: _____	Total Time of Ugenwukqp: _____

### **Student Information**

Student's Name: \_\_\_\_\_ SASID: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender:     M     F    Grade: \_\_\_\_\_ Race: \_\_\_\_\_ Disability: \_\_\_\_\_  
 The student currently receives special education services.     504  
 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: _____
Name of staff monitoring/witnessing seclusion: _____	Title: _____
Name of staff monitoring/witnessing seclusion: _____	Title: _____

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

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

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

### **Staff Activity/Response**

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

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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 time student was monitored for physical distress:

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.*

**Parent/Guardian Notification**

Was parent/guardian notified within 24 hours of the incident?       No       Yes (indicate manner) \_\_\_\_\_

Was a copy of the Incident Report sent to the parent/guardian within 2 business days?       No       Yes

Is a PPT recommended to modify the IEP?       No       Yes IF "Yes", date of notice: \_\_\_\_\_