



## AP 4-405 STUDENT SECLUSION EVENT FORM

To be completed by the school principal (or designate) and a copy provided to the Superintendent/CEO.

Student Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Location of seclusion: \_\_\_\_\_

Witnesses \_\_\_\_\_

Staff member requesting use of seclusion: \_\_\_\_\_

Antecedent/Precipitating Incident/Event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of interventions used prior to the implementation of seclusion:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clear description of the student's behaviour:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was at risk of immediate serious physical harm that resulted in the use of seclusion:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of other staff members involved and their role in the seclusion/restraint event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Observations of student's behaviours, in order of occurrence, during seclusion/restraint:

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Length of time of the seclusion: \_\_\_\_\_

Any other uses of other restrictive measures:

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Description of any harm to students, staff, or others:

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Criteria for ending seclusion and how this was communicated to the student:

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Immediate post-seclusion actions:

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Details of contact with parent(s)/legal guardian(s), Principal (or designate), and Superintendent/CEO:

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Date of planned debriefing: \_\_\_\_\_

Date of planned student support team meeting (SSP review/update): \_\_\_\_\_



Student Specific Plan(s) in place:

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\*Attach log that reports how the student was monitored during seclusion/restraint and by whom.

\*To be filed in the school pupil support file within 48 hours.