AP 550-1 RESTRAINT SECLUSION INCIDENT REPORT FORM



Developed in conjunction with the *Provincial Guidelines – Physical Restraint and* Seclusion in School Settings British Columbia Ministry of Education and Child Care June 3, 2015

PHYSICAL RESTRAINT AND SECLUSION IN SCHOOL SETTINGS Incident Report (Part One)

To be completed by personnel involved with the incident.

	Time	Date	
	Name	Role	
-			
People Involved			
-			
	 Name	Role	
-	Name	1100	
Witnesses			
Description of Incid	ont:		
Description of inclu	ent.		
Person Completing	Name	Signature	
Person Completing this Report	Name	Signature	
Person Completing this Report	Name	Signature	



Incident Report (Part Two)

To be completed by the principal.

Notification to Parent/Guardian			
Notification to	Name	Role	
	Time	Date	
Notification by	Name	Role	

Notification to Superintendent or Designate		
	Name	Role
Notification to		
	Time	Date
N - 4:£: 4:	Name	Role
Notification by		

Scheduling Debriefing Meeting			
Scheduled Date		Time	
	Name		Role
Scheduled to Attend			



Incident Report (Part Three)

To be completed	by the	principal.
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Debriefing Meeting Notes

Actions	Person Responsible	Date to be Completed

*** Follow-up on the above action items will be completed by the principal.