



Physical Restraint/Seclusion Report 702C

Student Support Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99654
P (907)-761-9221 || F (907) 761-4078

Student:	Grade:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
School:	Program:	Date of Report:
Does the student currently receive special education services? Yes <input type="checkbox"/> Eligibility Category _____ No <input type="checkbox"/>		
Location of restraint/seclusion:	Number of previous restraints _____ seclusions _____	
Report prepared by:	Position:	

Was student a danger to self or others? No <input type="checkbox"/> Yes <input type="checkbox"/>		If yes, check the intervention(s) used below:	
<input type="checkbox"/> Physical Restraint (complete pg. 1)	Date:	Time:	Duration:
<input type="checkbox"/> Seclusion (complete pg. 1 & 2)	Date:	Time:	Duration:
Student's Actions <i>Include what behavior led to the incident</i>		Staff Actions <i>Include nonphysical interventions used</i>	
Before the Incident			
During the Incident			
After the incident			
Review of and recommendations for adjusting or amending procedures, strategies, accommodations, individualized education plans, or other student behavior plans.			

Was there injury to the student or staff? No <input type="checkbox"/> Yes <input type="checkbox"/> (Describe below)	Staff involved in the incident	Mandt Cert.
	Name Title	Yes No
	1.	
	2.	
Was there any property damage? No <input type="checkbox"/> Yes <input type="checkbox"/> (Describe below)	3.	
	4.	
	5.	
	6.	
Name of Parent/Guardian who was contacted: (on same day of incident)		
By whom:	Date:	Time: Method:
School Administrator Signature/Date:	Assistant Director Signature/Date	

