DOCUMENTATION OF USE OF SECLUSION

School Name: __________________________

Date: ________________________________

Name and Agency of Reviewer: __________________________

COMAR 13A.08.04. Student Behavior Interventions .05B.(6) Documentation of the Use of Seclusion

Dates of Review: __________________________

Student’s F/M/L Initials: __________________________

M/D/Y of Seclusion: __________________________

School’s form includes space to document the following information:

___ Other less intrusive interventions that have failed or been determined inappropriate;

___ Precipitating event immediately preceding the behavior that prompted the use of seclusion;

___ Behavior that prompted the use of seclusion; and

___ Names and signatures of the staff members implementing and monitoring the use of seclusion.

Documentation on the use of seclusion shall include a description of the seclusion event, including:

___ Justification for initiating the use of seclusion;

___ Length of time in seclusion;

___ Student’s behavior and reaction during the seclusion; and

___ Name and signature of the administrator informed of the use of seclusion.

Rev: 4/14arc