



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.