



## Physical Restraint/Seclusion Report 702C

Nome Public Schools  
 P.O. Box 131  
 Nome, AK 99762  
 P (907) 443-3521 F (907) 443-3163

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:
<u>Student's Actions</u> <i>Include what behavior led to the incident</i>		<u>Staff Actions</u> <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		
	Name	Title	Mandt Cert.
	1.		Yes No
	2.		Yes No
Was there any property damage? No <input type="checkbox"/> Yes <input type="checkbox"/> (Describe below)	3.		Yes No
	4.		Yes No
	5.		Yes No
	6.		Yes No
Name of Parent/Guardian who was contacted: (on same day of incident)			
By whom:	Date:	Time:	Method:
School Administrator Signature/Date:			

