ISOLATION ROOM INCIDENT REPORT

Isolation Room means placing the student in an enclosed room built in compliance with all relevant health and safety codes. The student is not released from the Isolation Room and permitted to rejoin the learning environment or school activity until directed by staff. An Isolation Room is not the same as locked seclusion, which is a prohibited practice.

Student Name:	Grade:	School:

Incident Description		
Date Incident Occurred:	Time seclusion began: ☐ A.M. ☐ P.M.	Time seclusion ended: ☐ A.M. ☐ P.M.
Location of incident: ☐ Classroom ☐ Hall ☐ Cafeteria ☐ Playground ☐ Other: _____	Behavior(s) that lead to seclusion:	
Behavior(s) directed at: ☐ Staff ☐ Peers ☐ Other:		
Thorough description of efforts made to de-escalate and alternatives to seclusion that were attempted: (include use of positive behavior interventions)		
Student's behavior during seclusion:	Student's behavior after seclusion:	
Location of seclusion area: Seclusion room meets the following criteria: ☐ Allow staff full view of the student in all areas of the room ☐ Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets	Follow Up: ☐ Determination by staff member that student no longer required seclusion ☐ Intervention by administrator(s) to facilitate de-escalation ☐ Other *(describe):*	
Staff member(s) responsible for continuous monitoring of student's status during seclusion:		
Staff Administering/Observing Time Out:		
Name	Position	

Parent Notification	**Contact Method -** Both necessary	
Name of parent(s) contacted: Phone #: Date and time of contact: ☐ A.M. ☐ P.M.	☐ Written ☐ Verbal	Contacted by the following staff member *(include name and position)*:

This incident report has been prepared by:

_____ _____ _____

(Name) (Position) (Date)

Reviewed: 2-26-24 (Policy Advisory Council & Board Policy Committee)