

**APF 550 -1 RESTRAINT AND
SECLUSION INCIDENT REPORT FORM**



Developed in conjunction with the *Provincial Guidelines – Physical Restraint and Seclusion in School Settings* British Columbia Ministry of Education and Child Care June 3, 2015

PHYSICAL RESTRAINT AND SECLUSION IN SCHOOL SETTINGS

Incident Report (Part One)

To be completed by personnel involved with the incident.

Location	Time	Date
People Involved	Name	Role
Witnesses	Name	Role

Description of Incident:

Person Completing this Report	Name	Signature
Reported to Principal	Time	Date

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Incident Report (Part Two)

To be completed by the principal.

Notification to Parent/Guardian		
Notification to	Name	Role
	Time	Date
Notification by	Name	Role

Notification to Superintendent or Designate		
Notification to	Name	Role
	Time	Date
Notification by	Name	Role

Scheduling Debriefing Meeting		
Scheduled Date		Time
Scheduled to Attend	Name	Role

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Incident Report (Part Three)

To be completed by the principal.

Debriefing Meeting Notes

Actions	Person Responsible	Date to be Completed

*** Follow-up on the above action items will be completed by principal