



7. Does the student have a behavioral goal in their IEP for which restraint is indicated?

Yes  No Annual Date of Parent Consent \_\_\_\_\_

8. Parent contacted? (must be done within 24 hours of the use of restraint, unless restraint is part of the student's Behavior Intervention Plan or IEP)

Yes  No Date: \_\_\_\_\_

Name of person contacting parent: \_\_\_\_\_

Type of notification (circle one) Oral Written

9. How often has restraint been used school year? \_\_\_\_\_  
Has an LST referral been made?

Yes  No Date of referral \_\_\_\_\_

10. Names and signatures of staff implementing and monitoring the use of restraint.

Names (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

11. Name and signature of administrator informed of the use of restraint.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

12. Name and signature of person completing monitoring form.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Somerset County Public Schools**  
**Policy #600-39, Student Behavior Interventions, Seclusion**  
**Administrative Procedures B**

## Monitoring Form for the Use of Seclusion

Name of student: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Describe the incident for which seclusion was required. Please include the precipitating event and the behavior which prompted the use of seclusion.
  
  
  
  
  
  
  
  
  
  
2. Was this incident unreasonably interfering with the student's learning or the learning of others?     Yes     No
  
  
  
  
  
  
  
  
  
  
3. Did this incident constitute an emergency which required the use of seclusion to protect a student or other person from imminent, serious, physical harm?  
     Yes                       No
  
  
  
  
  
  
  
  
  
  
4. What other less intrusive, non-physical interventions were tried or deemed inappropriate?
  
  
  
  
  
  
  
  
  
  
5. Does the student have a behavioral goal in their IEP for which seclusion is indicated?  
  
     Yes     No                      Annual Date of Parent Consent \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
6. Who monitored the student at all times during the period of seclusion?

7. Where did the period of seclusion take place?
8. Explain what the student was told regarding the behavior which resulted in his or her removal.
9. What was the student told he or she needed to do in order to return to the learning environment?
10. Length of time in seclusion setting.
11. How often has seclusion been used this school year?  
Has an LST referral been made?  
\_\_\_Yes \_\_\_No Date of Referral \_\_\_\_\_
12. Does this student have a Behavior Intervention Plan? \_\_\_Yes \_\_\_No  
If so, when was it last revised or reviewed?
13. Parent contacted? (must be done within 24 hours of the use of seclusion, unless seclusion is part of the student's Behavior Intervention Plan or IEP)  
\_\_\_Yes \_\_\_No Date: \_\_\_\_\_  
Name of person contacting parent: \_\_\_\_\_  
Type of notification (circle one) Oral Written

14. Names and signatures of staff implementing and monitoring the use of seclusion.

Names (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

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

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Name of person completing form  
Please print

\_\_\_\_\_  
Signature



7. Does the student have a behavioral goal in their IEP for which exclusion is indicated?

Yes  No Annual Date of Parent Consent \_\_\_\_\_

8. Parent contacted? (must be done within 24 hours of the use of exclusion, unless exclusion is part of the student's Behavior Intervention Plan or IEP)

Yes  No Date: \_\_\_\_\_

Name of person contacting parent: \_\_\_\_\_

Type of notification (circle one) Oral Written

9. How often has exclusion been used this school year? \_\_\_\_\_  
Has an LST referral been made?

Yes  No Date of referral \_\_\_\_\_

10. Names and signatures of staff implementing and monitoring the use of exclusion.

Names (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

11. Name and signature of administrator informed of the use of exclusion.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

12. Name and signature of person completing monitoring form.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_