

**INCIDENT REPORT UNDER MAINE DOE RULE CHAPTER 33  
(PHYSICAL RESTRAINT or SECLUSION OF A STUDENT)**

Name of School/Program \_\_\_\_\_  
Name of Person Completing the Report \_\_\_\_\_  
Date of Report \_\_\_\_\_

**Student Involved**

Student name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Student has (check all that apply): IEP \_\_\_ ; 504 plan \_\_\_ ; behavior plan \_\_\_ ;  
IHP \_\_\_\_\_ ; other plan (identify) \_\_\_\_\_ ; none of these plans \_\_\_

**Description of the Incident**

Date of incident \_\_\_\_\_ Beginning time of incident \_\_\_\_\_  
Ending time of incident \_\_\_\_\_ Total time of incident \_\_\_\_\_

Location of the incident (be specific) \_\_\_\_\_  
\_\_\_\_\_

Description of the incident, including the resolution and process of return of student to program  
(if appropriate) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of prior events and circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Less restrictive interventions tried prior to the use of physical restraint/seclusion (if none used,  
explain why) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student behavior that justified the use of physical restraint/ seclusion  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Restraint or Seclusion; Staff Involved**

Detailed description of the physical restraint/seclusion used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff person(s) involved, their role in the use of physical restraint/ seclusion, and their certification, if any, in an approved training program

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bodily Injury of Student or Staff**

Did student or a staff member sustain bodily injury? Yes \_\_\_ No \_\_\_

If yes, name of person(s) sustaining injury \_\_\_\_\_

Describe injury(ies) sustained \_\_\_\_\_  
\_\_\_\_\_

Date and time of nurse or response personnel notification and treatment administered (if any)

\_\_\_\_\_

Did student sustain serious bodily injury or death? Yes \_\_\_ No \_\_\_

If yes, date and time of notification to the DOE \_\_\_\_\_

**Notification; Debriefing;**

Date, time, and method of parent notification \_\_\_\_\_

Date and time of staff debriefing \_\_\_\_\_

Date and time of student debriefing \_\_\_\_\_

Has student been involved in 2 or more prior incidents during the current school year?

Yes \_\_\_ No \_\_\_

If yes, date and time of required team meeting \_\_\_\_\_