Restrictive Intervention and Seclusion Recording Form

Great Torrington School Details of pupil or pupils on whom restrictive intervention was used by a member of staff	
Name	
Tutor Group	
Does the pupil involved have an identified special educational need or disability? If yes, what is their SEN code?	
Date, time, location and approximate duration of the intervention	
Names of staff involved (directly or as witnesses)	
Details of other pupils involved (directly or as witnesses), including whether any of the pupils involved were vulnerable for SEN, disability, medical or social reasons.	
Description of incident by the staff involved including: • **What led up to the incident** • **Identified or potential triggers if known** • **Any preventative or deescalation strategies used** • **What type of reasonable force was applied and to what degree** • **Details of any physical injuries sustained**	
Reason for using force and description of force used	
Any injury suffered by staff or pupils and any first aid and/or medical attention Required.	
Follow up, including post-incident support and any disciplinary action against pupils.	
When and how those with parental responsibility were informed about the incident and any views they have expressed.	
Has any complaint been lodged (details should not be recorded here)?	

Report compiled by: Name and role		Signed Date
Report countersigned by: Name and role		Signed Date