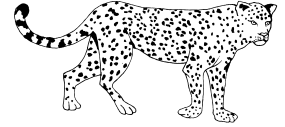


# Laurens Central School District Board Policy



**STUDENT – 7413.1**

**Subject: Timeout Use Report**

## **TIMEOUT USE REPORT**

School/Building \_\_\_\_\_ Completed by: \_\_\_\_\_ Date of Report \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Duration of Timeout (entered) \_\_\_\_\_ (left) \_\_\_\_\_ Total Duration of Timeout Use: \_\_\_\_\_

Does the student have a current IEP, Section 504 plan, Behavioral Intervention Plan or Other Plan developed for the Student by the school?      Yes                  No

If yes, check whichever applies:

IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ Behavioral Intervention Plan: \_\_\_\_\_ Other School Plan \_\_\_\_\_

List all staff member(s) involved in the implementation, monitoring and supervision of the use of timeout and any other person(s) involved:

\_\_\_\_\_  
Please identify the *setting and location of the precipitating incident*: (i.e. where was the student prior to timeout)

\_\_\_\_\_  
Please describe the precipitating event which led to the use of the timeout:

\_\_\_\_\_  
List all positive, proactive intervention strategies utilized prior to the use of timeout:

\_\_\_\_\_  
Was the student injured while in timeout? (circle one)    Yes                  No

Was the student evaluated by school nurse or other medical professional? (circle one)    Yes          No

Describe the location and extent of student's injuries. Attach additional information, as necessary :

\_\_\_\_\_  
*\*\*for student injuries, be sure to complete additional student injury report form\*\**

\_\_\_\_\_  
Was any staff injured in the student's use of timeout? (circle one)                  Yes                  No

Was the staff member evaluated by school nurse or other medical professional? (circle one)    Yes                  No

Describe the location and extent of injuries. Attach additional information, as necessary:

\_\_\_\_\_  
*\*\* for staff injuries, be sure to notify administration and complete accident report form\*\*\**

Parent Notified of Incident?    Yes    No    Offered meeting?    Yes    No  
By whom? \_\_\_\_\_ Date/Time: \_\_\_\_\_ How: \_\_\_\_\_

If parent could not be reached, and student is a student with disability- notify CSE/CPSE?    Yes    No

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

Forward this Report to Administrator-

Date of debriefing with staff: \_\_\_\_\_

Staff who will debrief and discuss incident with student: \_\_\_\_\_ Date completed: \_\_\_\_\_