

Safe Room Log

Name: _____					
Date/ Staff Initials	Time In	Time Out	Reason		Note
			<input type="checkbox"/> Refusal <input type="checkbox"/> Peer interaction <input type="checkbox"/> Transition <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Emotional Dysregulation <input type="checkbox"/> Other:	<input type="checkbox"/> Student Directed <input type="checkbox"/> Teacher Directed	
				<input type="checkbox"/> Door Open <input type="checkbox"/> Door Closed	
			<input type="checkbox"/> Refusal <input type="checkbox"/> Peer interaction <input type="checkbox"/> Transition <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Emotional Dysregulation <input type="checkbox"/> Other:	<input type="checkbox"/> Student Directed <input type="checkbox"/> Teacher Directed	
				<input type="checkbox"/> Door Open <input type="checkbox"/> Door Closed	
			<input type="checkbox"/> Refusal <input type="checkbox"/> Peer interaction <input type="checkbox"/> Transition <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Emotional Dysregulation <input type="checkbox"/> Other:	<input type="checkbox"/> Student Directed <input type="checkbox"/> Teacher Directed	
				<input type="checkbox"/> Door Open <input type="checkbox"/> Door Closed	