

STUDENT RESTRAINT AND/OR ISOLATION INCIDENT REPORT

This form is to be used to document an incident when restraint or isolation was required to prevent or minimize imminent bodily harm to self or others.

The principal or principal's designee must make a reasonable effort to verbally inform the student's parent or guardian within twenty-four hours of the incident and must send written notification as soon as practical but postmarked no later than five business days after the restraint or isolation occurred. If the school or school district customarily provides the parent or guardian with school-related information in a language other than English, the written report under this section must be provided to the parent or guardian in that language. (RCW 28A.600.485)

Student Name		IEP/504/Gen Ed	
Date		Teacher/Staff	
School		Incident Location	
Grade			

Behavior: What did the student do that required physically intervening or isolating?

Reason for the restraint or isolation:

- Imminent serious physical harm to themselves
- Imminent serious physical harm to others
- Imminent serious physical harm to themselves and others
- Imminent serious property destruction
- Imminent serious physical harm to themselves and imminent serious property destruction
- Imminent serious physical harm to others and imminent serious property destruction
- Imminent serious physical harm to themselves and others and imminent serious property destruction
- Other

If other, please explain student behavior(s) that prompted physical restraint: _____

_____.

Interventions: What was attempted prior to physically intervening or isolating?

- Positive re-direction
- Verbal de-escalation
- Wait time and space
- Active listening
- Choices
- Planned ignoring/silence
- Avoidance/repelling
- BIP interventions
- Other: _____

Description of activity leading up to, during, and after the restraint and/or isolation occurred:
(Attach a separate sheet if necessary)

Restraint Physical intervention or force used to control student (RCW 28A.600.485). Physical restraint does not include temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a student to walk to a safe location, provided the physical contact does not substantially immobilize or reduce free movement of the student.

Escort:	Hold:
<input type="checkbox"/> Midsection clothing/hip control <input type="checkbox"/> 1 person, 1 arm <input type="checkbox"/> 1 person cross arm <input type="checkbox"/> 2 person <input type="checkbox"/> 3 person <input type="checkbox"/> Small child 2 person <input type="checkbox"/> Other:	<input type="checkbox"/> Standing hold <input type="checkbox"/> Seated hold <input type="checkbox"/> Floor hold (<i>only trained staff allowed</i>) <input type="checkbox"/> Small child hold <input type="checkbox"/> Small child escort to hold <input type="checkbox"/> Other:
Escort:	Hold:
Time Escort Began: _____	Time Hold Began: _____
Time Escort Ended: _____	Time Hold Ended: _____
Staff name and Job Title Involved in Escort:	Staff name and Job Title Involved in Hold:

Isolation Excluding a student from their regular instructional area and restricting the student alone within a room or any other form of enclosure, from which the student may not leave (RCW 28A.600.485)

Time Began		Supervised by	
Time Ended		Job Title	
Duration		Location	

Required Procedures for Documentation and Notification

	Date/Time	Initials
Notify Administrator within 24 hours (Staff notifies administrator following incident)		
Parent Notified verbally within 24 hours (Principal/designee verbally informs parent/guardian)		
Submit report - within 48 hours Incident report form submitted to building administrator and emailed/mailed to director of special education		
Parent written notice - no later than 5 school days Principal/designee sends written notification to parent/guardian		
Principal/designee reviews with staff involved - within 5 days of incident		
Building administrative assistant enters information into student information system		

Recommendations:

<input type="checkbox"/> No changes <input type="checkbox"/> If student has an IEP/504, call IEP/504 meeting <input type="checkbox"/> Initiate or modify Functional Behavioral Assessment (FBA) <input type="checkbox"/> Initiate or modify Behavior Intervention Plan (BIP) <input type="checkbox"/> Other:
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Staff involved or witnessed incident	Signature

Principal	Signature