

Student Name: _____

Date of Incident: _____ Time: _____ Duration: _____

Name and job titles of staff who were involved or witnessed the incident:

Name

Job Title

Name	Job Title

Brief description of the incident, behavior or event. Include what led to the isolation/restraint.

Type of isolation or restraint.

- Escort: One person escort Two person escort
- Therapeutic Hold:
 One Person Therapeutic Hold Two Person Therapeutic Hold 3+ Person Ther. Hold
- Isolation: Classroom Office

Describe any injuries to staff or students, including any medical care given.

Recommendations in order to avoid future similar incidents:

- | | | |
|----------------------------|--------------------|----------------------------|
| School counseling referral | CST referral | Referral to outside agency |
| IEP meeting requested | Check in check out | 504 meeting requested |
| Parent meeting requested | PBIS team referral | Other: |

How was parent notified? Oral Written Date parent notified: _____