Issaquah School District Restraint Report 3246F

Date of Report:	School:	
	Student Name:	
□Neither	□ IEP □ 504	
Staff Member(s) Involved – Name & Job Title (please print):		
FOR SINGLE INCIDENTS RESTRAINT, DOCUMENT	THAT INVOLVE ONLY 1 INCIDENT OF EITHER THE FOLLOWING.	
(If more than one restraint is u	sed, complete "Multiple incident cycle section on pg. 3)	
Single Incident Date:	Total Duration (to closest .5 minute):	
Use of Restraint: ☐ YES <u>IF YES</u> - Please check the ap	☐ NO (Check One) opropriate box below, then specify type of restraint:	
 □ Specific type of restraint: □ 1 person (includes physic □ 2 person 		
•	□ by staff □ by law enforcement	
Was Safety or Security Staff	involved: ☐ YES ☐ NO (Check One)	
·	aff Used Force: ☐ YES ☐ NO	
Student Arrested: □	YES □ NO	
Describe the behavior precip	oitating Restraint:	
Describe the appropriateness	s of the response using Restraint:	

MULTIPLE INCIDENTS WITHIN AN ESCALATION CYCLE INVOLVING MORE THAN ONE RESTRAINT DOCUMENT THE FOLLOWING: Escalation Cycle: Incident Date: Start Time: End Time: Within the Escalation Cycle, note the number of, and the amount of time for each: **RESTRAINT #1** TYPE OF HOLD: LOCATION: ____ DURATION: ____ **RESTRAINT #2** TYPE OF HOLD (SP1): _____ LOCATION: _____ DURATION: ____ **RESTRAINT #3** TYPE OF HOLD (SP1): _____ LOCATION: ____ DURATION: ____ (If more restraints were used in the episode, attach a document) Describe the behaviors precipitating the Restraint(s): Describe the appropriateness of the response of using Restraint(s): For students without Advanced Educational Planning Addendum, 911 called after 10 minutes: ☐ YES ☐ NO • If YES, describe outcome of 911 call: FOR ALL INCIDENTS OF RESTRAINT, WHETHER SINGLE OR MULTIPLE, **DOCUMENT THE FOLLOWING: Incident(s) reviewed with Student:** • Name/Job Title of Staff Member doing review (please print):

Physic	cal Injury to Student: YES INO (Check One)
0	If "YES", Check box(es) that apply:
	Injury to Student during:
	■ Restraint #1
	■ □ Restraint #2
	■ □ Restraint #3
0	If "YES", describe medical care & complete appropriate district incident
	form (if necessary):
• Physic	cal Injury to Staff: YES NO (Check One)
0	If "YES", Check box(es) that apply:
	Physical Injury to Staff during:
	■ □ Restraint #1
	■ □ Restraint #2
	■ □ Restraint #3
0	If "YES", describe medical care & complete appropriate district incident
	form (if necessary):
	for staff training or support to help avoid similar incidents: YES INO
0	If "YES", describe training or supported needed:
	ations for changing nature or amount of resources available in order to avoid
similar incid	ents:

	olved:
	Date:
	Date:
	Date:
/	Date:
Parent/Guardian contact:	
Name & Job Title of Person Who Notified	Parent/Guardian within 24 hours (please print):
<u></u>	Date & Time:
Name & Job Title of Person Who Mailed F days (please print):	Report to Parent/Guardian within <u>5 business</u>
/	Date:
School administrative staff reviewed the in	cident with the staff member who administered
the restraint to discuss whether proper pro	
the restraint to discuss whether proper pro additional training/support:	
the restraint to discuss whether proper pro additional training/support: Signature of Principal/Designee:	ocedures were followed and need for any
the restraint to discuss whether proper pro additional training/support: Signature of Principal/Designee: To be completed by Discipline Secretary:	Date:
the restraint to discuss whether proper pro additional training/support: Signature of Principal/Designee:	Date: