



SPECIAL SERVICES

2323 E Farwell Road • Mead, WA 99021 • Telephone (509) 465-7600 • Fax (509) 465-7646

Restraint/Isolation Report Form

Date: _____

STUDENT

Name _____

Circle one: IEP 504 Neither

School: _____

Location in School: _____
Room number or area where restraint/isolation administered

Cycle 1 : Restraint or Isolation start:_____ end: _____ total min. _____

Cycle 2 : Restraint or Isolation start:_____ end: _____ total min. _____

Cycle 3 : Restraint or Isolation start:_____ end: _____ total min. _____

Cycle 4 : Restraint or Isolation start:_____ end: _____ total min. _____

Type of Restraint/Isolation: _____

Individual(s) Administering Restraint/Isolation

Name: _____ Name: _____

Job Title: _____ Job Title: _____

Any school employee, resource officer, or school security officer who uses restraint, isolation, or other forms of reasonable physical force on any student during a school-sponsored instruction or activity will inform the building administrator or building administrator's designee **as soon as possible**. Additionally, within two business days, submit a written report of the incident to the District Office located at 2323 E. Farwell Road, Mead, WA 99201