

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 THAT INVOLVE ONLY 1 INCIDENT OF EITHER RESTRAINT, DOCUMENT THE FOLLOWING.

(If more than one restraint is used, complete “Multiple incident cycle section on pg. 3)

Single Incident Date: _____ Total Duration (to closest .5 minute): _____

Use of Restraint: YES NO (Check One)

IF YES - Please check the appropriate box below, then specify type of restraint:

- Specific type of restraint: _____
- 1 person (includes physical escort)
- 2 person
- Handcuffs by staff by law enforcement
- Weighted blanket

Was Safety or Security Staff involved: YES NO (Check One)

Safety or Security Staff Used Force: YES NO

Student Arrested: YES NO

Describe the behavior precipitating Restraint:

Describe the appropriateness 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):**

- **Physical Injury to Student:** YES NO (Check One)

- If “YES”, Check box(es) that apply:

Injury to Student during:

- Restraint #1
- Restraint #2
- Restraint #3

- If “YES”, describe medical care & complete appropriate district incident form (if necessary):

- **Physical Injury to Staff:** YES NO (Check One)

- If “YES”, Check box(es) that apply:

Physical Injury to Staff during:

- Restraint #1
- Restraint #2
- Restraint #3

- If “YES”, describe medical care & complete appropriate district incident form (if necessary):

- **Need for staff training or support to help avoid similar incidents:** YES NO

- If “YES”, describe training or supported needed:

Recommendations for changing nature or amount of resources available in order to avoid similar incidents:

Signature/Job Title of Staff Member(s) involved:

_____/_____ **Date:** _____
_____/_____ **Date:** _____
_____/_____ **Date:** _____
_____/_____ **Date:** _____

Parent/Guardian contact:

Name & Job Title of Person Who Notified Parent/Guardian within 24 hours (please print):

_____/_____ **Date & Time:** _____

Name & Job Title of Person Who Mailed Report to Parent/Guardian within 5 business days (please print):

_____/_____ **Date:** _____

School administrative staff reviewed the incident with the staff member who administered the restraint to discuss whether proper procedures were followed and need for any additional training/support:

Signature of Principal/Designee: _____ **Date:** _____

To be completed by Discipline Secretary:

Date entered into Skyward: _____

Discipline Incident #: _____ **Initials:** _____