Issaquah School District Restraint Report 3246F

Date of Report:	School:
	Student Name:
□Neither	□ IEP □ 504
Staff Member(s) Involved – Na	
FOR <u>SINGLE INCIDENTS</u> T RESTRAINT, DOCUMENT T	HAT INVOLVE ONLY 1 INCIDENT OF EITHER THE FOLLOWING.
(If more than one restraint is use	ed, 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 appr □ Specific type of restraint: _	ropriate box below, then specify type of restraint:
□ 1 person (includes physical	
 □ 2 person □ Handcuffs □ Weighted blanket 	by staff D by law enforcement
e e	volved: 🗆 YES 🛛 NO (Check One)
Safety or Security Staff Student Arrested: 🏼 Y	'Used Force: □ YES □ NO YES □ NO
Describe the behavior precipita	ating Restraint:
Describe the appropriateness of	of the response using Restraint:

<u>MULTIPLE INCIDENTS WITHIN AN ESCALATION CYCLE</u> 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:
 VES
 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: \Box YES \Box NO (Check One)
 - If "YES", Check box(es) that apply: Physical Injury to Staff during:
 - D 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:
 UYES UNO
 - 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 Po days (please print):	erson Who Mailed Rep	ort to Parent/Guardian within <u>5 business</u>	
	/	Date:	
	whether proper procee	ent with the staff member who administered dures were followed and need for any	
Signature of Principal/	Designee:	Date:	
To be completed by Dis	scipline Secretary:		

Original: Retained in Principal's building confidential file

Copy: to the appropriate level

Elementary: the Admin Assistant to the Executive Directors of Elementary Ed (Maya Greene) Secondary: the Admin Assistant to the Executive Director of Secondary Ed (Jennifer Fitzgerald)