

DOCUMENTATION OF ISOLATION AND RESTRAINT

Staff must complete form following an incident and review with building administrator.
Form must be turned in to the Special Services Office with 24 hours of the incident.

Student Name: _____ Date/Time _____

Staff Name/Title: _____ Building _____

Reviewed w/principal _____ Review w/parents _____ Written Notice _____
date/ time date/time date

Objective description account of the incident: who, what, when, where, how (include # of people involved)

Describe the type of restraint or isolation used and the duration:

Does this student have an: IEP 504 No If yes, date of IEP/504: _____

Does this student have a PBIP? _____ Does this student have an ATP? _____

Number of times this month, to date, you have had to physically intervene with this student:

What pattern or connection do you see, if any, between this incident and previous incidents?

What was the student trying to accomplish with his/her behavior?

Were any staff members or students injured related to this event? If so, describe here:

With regard to the current incident, please complete the charts below:

List the sequence of student behaviors and corresponding staff actions that led up to the aversive intervention. Under staff action, include the type of restraint or isolation used. Be specific, and objective.	
Student Behavior	Staff Action
1.	
2.	
3.	
4.	
5.	
Using the list of behavior/actions from above, at <i>each</i> point, between student behavior and physical intervention, list possible alternative techniques that may have de-escalated the situation or avoided it altogether.	
Alternate Responses	
1.	
2.	
3.	
4.	
5.	

Describe your plan/recommendations for dealing with this or a similar behavior in the future:

Describe any agreed upon support/training needed for staff members involved:

Signature of Staff Completing Form/Date

Administrator Signature/Date

Delivered to Special Services on (date): _____