



Documentation of Restraint and Isolation

Student Name: _____ Date of Birth: _____

District ID: _____ State ID: _____

Dear Parent/Guardian of _____,

The purpose of this letter is to document the use of restraint and/or isolation and to provide a description of the activity that led to the restraint or isolation.

Date of Incident: _____ Student Has: Behavior Intervention Plan Emergency Response Plan

School: _____ Setting: _____

Restraint/Isolation Incident Start Time _____ End Time: _____ Duration: _____

Person(s) involved in the restraint/isolation:

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Each incident of restraint/isolation that occurred as part of the incident must be indicated separately. Complete additional reports for each instance of restraint/isolation.

Restraint		Isolation	
Start Time:	End Time:	Start Time:	End Time:
Type of Restraint: 1 Person Escort 2 Person Escort 1 Person Chair Restraint 2 Person Chair Restraint 2 Person Seated Restraint Law Enforcement Involved Other Restraint: _____		Location of Isolation: Classroom Student Space (Non-Office Small Space) Office Cafeteria Gym Health Office Other Location: _____	



Specific Environmental factors/triggers and student behavior immediately preceding restraint/isolation <i>(explanation of clear and present danger of serious harm to the student or another person, check all that apply)</i>	
Description of perceived environmental factors/triggers: Schedule Change Staffing Change Transition Demand Sensory Waiting Undetermined Other: _____	Description of dangerous/destructive behavior: Physical Aggression Toward: Peer Adult(s) Self Hit Grab Pinch Bite Hair Pull Spit Scratch Head Bang Property Destruction Threw/Attempted to Throw Object(s) Danger to Self Undetermined Other: _____
Possible setting events: Lack of Medication Hunger Lack of Sleep Undetermined Other: _____	

Location and description of activity that led to restraint and/or isolation:

Physical injury to student during intervention? Yes No
If yes, describe injury and medical care provided:

Physical injury to staff during intervention? Yes No
If yes, describe injury and medical care provided:

Steps for increasing resources, decreasing triggers and other preventative measures to avoid future incidents:



The District's policies and procedures regarding restraint and isolation can be found on the district website and is attached.

If you have any questions regarding your rights or about this notice, please contact _____ at _____.

Sincerely,

Signature

Name

Title

Verbal Notification Provided to Parent/Guardian and District Administrator (MUST be done within 24 hours):

Name of Parent/Guardian Notified: _____ Contact Method: _____

Administrator making Contact: _____ Title: _____

Date: _____ Time: _____

Building Administrator must provide a written copy of this form to:

- School Administration (immediately)
- Student Services Department (within 2 business days)
- Parents (within 5 business days)