

MEAD

School District

2323 E Farwell Road Mead WA 99201 Telephone (509)465-7600 Fax (509) 465-7646

Restraint/Isolation Report Form

Date: _____

I. STUDENT

Name _____ Circle one: IEP 504 Neither

School: _____

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

II. 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

III. PRINCIPAL/DESIGNEE NOTIFICATION

Principal/Designee must be informed of restraint/isolation.

Name of Principal/Designee _____ Time of Notification _____

Method of Notification _____ Notified By _____
In Person / Telephone

IV. PARENT/GUARDIAN NOTIFICATION

Principal/ Designee must **verbally** inform Parent/Guardian **within 24 hours**.

Name of Parent/Guardian _____ Time of Notification _____

Method of Notification _____ Notified By _____
Principal/Designee

Principal/Designee must send **written notification as soon as practical but postmarked no later than five business days** to Parent/Guardian.

Date Written Notification Mailed to Parent/Guardian _____

V. ACTIVITY PRECIPITATING RESTRAINT OR ISOLATION

Description of the activity that precipitated the use of restraint or isolation: _____

VI. INJURIES

Physical Injury to Student (Y / N)
Circle One

Medical Care Provided (Y / N)
Circle One

If yes, describe: _____

Is student injury due to restraint (Y / N)

Is student injury due to isolation (Y / N)

Physical Injury to Staff (Y / N)
Circle One

Medical Care Provided (Y / N)
Circle One

If yes, describe: _____

Is staff injury due to restraint (Y / N)

Is staff injury due to isolation (Y / N)

VII. REVIEW

List any recommendations for changing the nature or amount of resources available to the student and staff members in order to prevent similar incidents.

Incident reviewed with Student and Parent/Guardian to address the behavior that precipitated the restrain/isolation (Y / N) Circle One

Name and Job Title of Person doing review: _____

Incident reviewed with Individual(s) who administered the restraint/isolation to discuss whether proper procedures were followed (Y / N) Circle One

Name and Job Title of Person doing review: _____