

# Restraint and Isolation Reporting Form

<b>Student Name:</b>		<b>Grade:</b>	
<b>Date:</b>		<b>Time:</b>	
<b>Duration:</b>		<b>Student injured and extent:</b>	
<b>Staff present during incident:</b>		<b>Staff member injured and extent:</b>	
<b>School:</b> <input type="checkbox"/> Columbia Ridge School <input type="checkbox"/> Grant High School <input type="checkbox"/> Parkway <input type="checkbox"/> Preschool <input type="checkbox"/> Middle			
<b>Type of Restraint:</b> <input type="checkbox"/> One-person restraint <input type="checkbox"/> 2+ person seated restraint <input type="checkbox"/> 2+ person standing restraint <input type="checkbox"/> Walking restraint/escort/transport <input type="checkbox"/> Handcuffs performed by law enforcement <input type="checkbox"/> Other restraint:		<b>Type of Isolation:</b> <input type="checkbox"/> Bus, car, or other vehicle isolation <input type="checkbox"/> Classroom isolation <input type="checkbox"/> Closet, locker room, or other non-class or office small space isolation <input type="checkbox"/> Designated isolation room <input type="checkbox"/> Office including nurse, counselor, or main offices <input type="checkbox"/> Other isolation:	
<b>Team debrief occurred:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Participants present during debrief:</b>	
<b>Notification:</b> <hr/> Date school admin notified  <hr/> Date written report submitted to the Special Services Department  <hr/> Date student's parents verbally notified  <hr/> Date student's parents sent written notification		<b>Comments (continue on the back if necessary):</b>	