

STUDENT RESTRAINT AND/OR ISOLATION INCIDENT REPORT

*This form is to be used to document an incident when restraint or isolation was required to prevent or minimize **imminent bodily harm** to self or others. The principal or principal's designee must make a reasonable effort to verbally inform the student's parent or guardian within twenty-four hours of the incident and must send written notification as soon as practical but postmarked no later than five business days after the restraint or isolation occurred. If the school or school district customarily provides the parent or guardian with school-related information in a language other than English, the written report under this section must be provided to the parent or guardian in that language. (RCW 28A.600.485)*

Student Name		IEP/504/Gen Ed	
Date		Teacher	
School		Incident location	
Grade			

Behavior – What did the student do that required physically intervening or isolating?

<input type="checkbox"/> Physical aggression toward peers	<input type="checkbox"/> Injury sustained medical care provided (If "Yes" must complete this form)
<input type="checkbox"/> Physical aggression toward staff	<input type="checkbox"/> Injury sustained medical care provided (If "Yes" must complete this form)
<input type="checkbox"/> Physical aggression toward self	<input type="checkbox"/> Injury sustained medical care provided (If "Yes" must complete this form)
<input type="checkbox"/> Destruction of property resulting in imminent bodily harm	
<input type="checkbox"/> Elopement resulting in imminent bodily harm	

Interventions– What was attempted prior to physically intervening or isolating?

<input type="checkbox"/> Positive re-direction	<input type="checkbox"/> Active listening	<input type="checkbox"/> Planned ignoring/silence
<input type="checkbox"/> Verbal de-escalation	<input type="checkbox"/> Choices	<input type="checkbox"/> Avoidance/repelling
<input type="checkbox"/> Wait time and space	<input type="checkbox"/> Problem solving	<input type="checkbox"/> BIP interventions
<input type="checkbox"/> Other - write in:		

Restraint

Physical intervention or force used to control student (RCW 28A.600.485). Physical restraint does not include temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a student to walk to a safe location, provided the physical contact does not substantially immobilize or reduce free movement of the student.

<input type="checkbox"/> 1-person restraint	<input type="checkbox"/> 2+ person standing restraint
<input type="checkbox"/> 2+ person wall restraint	<input type="checkbox"/> 2+ person floor restraint (only allowable if trained)
<input type="checkbox"/> 2+ person seated restraint	<input type="checkbox"/> Other restraint - write in:
Time began	Supervised by
Time ended	Job title
Duration (in 30 second intervals)	

Isolation

Excluding a student from their regular instructional area and restricting the student alone within a room or any other form of enclosure, from which the student may not leave (RCW 28A.600.485)

Time began		Supervised by	
Time ended		Job title	
Duration (in 30 second intervals)		Location	

Required Procedures for Documentation and Notification

	Date/Time	Initials
Notify administrator – ASAP/within 24 hours Staff verbally notifies administrator following incident		
Parent notified verbally – within 24 hours Principal/Designee verbally informs Parent/Guardian		
Submit report – within 48 hours Incident report form submitted to building administrator <i>and</i> emailed or mailed to director of special education		
Parent written notice – no later than 5 school days Principal/designee sends written notification to Parent/Guardian		
Principal/designee reviews with staff involved - Within 5 days of incident		
Principal/designee reviews with student and parent/guardian - (Not necessarily at the same time)		
Building administrative assistant enters information into student information system		

Next Steps (Check all that apply)

<input type="checkbox"/> No changes <input type="checkbox"/> If student has an IEP/504, call IEP/504 meeting <input type="checkbox"/> Initiate or modify Functional Behavioral Assessment (FBA) <input type="checkbox"/> Initiate or modify Behavior Intervention Plan (BIP) <input type="checkbox"/> Other

Staff involved or witnessing incident	Signature

Principal	Signature