

Restraint and Isolation Reporting Form

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| Student Name: | | Grade: | |
| Date: | | Time: | |
| Duration: | | Student or staff member injured: | |
| Staff present during incident: | | Accident Report Completed: Yes / No (Please attach accident report) | |
| School: <input type="checkbox"/> Columbia Ridge <input type="checkbox"/> Grant <input type="checkbox"/> Parkway <input type="checkbox"/> Preschool <input type="checkbox"/> Middle School <input type="checkbox"/> High School | | | |
| Type of Restraint: <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: | | Type of Isolation: <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: | |
| Team debrief occurred: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Participants present during debrief: | |
| Notification: <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date school admin notified <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date written report submitted to the Special Services Department <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date student's parents verbally notified <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date student's parents sent written notification | | Comments/recommendations (continue on the back if necessary): | |