

INCIDENT REPORT FORM
DOCUMENTATION OF RESTRAINT OR ISOLATION

This form must be completed each time restraint or isolation is used. Any use of isolation, restraint, and/or a restraint device shall be used **only when a student's behavior poses an imminent likelihood of serious harm.** WAC 392-172A-02110

DEFINITION OF RESTRAINT: Physical intervention or force used to control a student. Physical escorts and holds are considered restraints.

DEFINITION OF ISOLATION: Restricting a student alone within a room or any other form of enclosure, from which a student may not leave. It does not include a student's voluntary use of a quiet space for self-calming, or temporary removal of a student from his or her regular instructional area to an unlocked area for purposes of carrying out an appropriate positive behavior intervention plan. Reverse evacuations (e.g., clearing all other students and staff from the room) are considered isolations.

Student Name: _____ **Status:** 504/Health Care Plan Special Edu. General Edu.

Race/Ethnicity: Hispanic American Indian/Alaska native Asian Pacific Islander Black White Multi-racial

Date of restraint/isolation: _____ **Setting and School:** _____

Escalation Cycle **Start Time:** _____ **End Time:** _____

Beginning Time of Restraint/Isolation: _____ **End Time:** _____ **Duration:** _____

Person(s) Completing Form: _____ Job title: _____ Date: _____
The principal or his/her designee must fill out this form in collaboration with individual(s) involved in the incident.

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

Parent/Guardian notified: _____

Type: phone in person left message Date and time: ___/___/___ ___:___ am/pm

Principal/Designee who contacted parent: _____ Job title: _____

Written Notification Provided to Parent/Guardian and District Administrator (MUST be postmarked within 5 business days): Type: email US Mail Preferred Language _____

Date: ___/___/___

Principal/Designee who sent written notification: _____ Job title: _____

1. Person(s) who administered the isolation/restraint

_____ : Job title: _____

_____ : Job title: _____

_____ : Job title: _____

2. Additional School personnel involved in incident (additional documentation may be attached if necessary).	
_____	: Job title: _____
_____	: Job title: _____
_____	: Job title: _____
_____	: Job title: _____
_____	: Job title: _____

3. Specific environmental factors/triggers and student behavior immediately preceding restraint/isolation (explanation of imminent likelihood of serious harm to the student or another person, check all that apply).	
<p><i>Description of perceived environmental factors/triggers:</i></p> <p><input type="checkbox"/> Schedule change <input type="checkbox"/> Demand</p> <p><input type="checkbox"/> Staffing change <input type="checkbox"/> Sensory</p> <p><input type="checkbox"/> Transition</p> <p><input type="checkbox"/> Waiting</p> <p><input type="checkbox"/> Other (Describe below):</p> <p><i>Possible setting events:</i></p> <p><input type="checkbox"/> Lack of medication</p> <p><input type="checkbox"/> Hunger</p> <p><input type="checkbox"/> Lack of sleep</p> <p><input type="checkbox"/> Other (Describe below):</p>	<p><i>Description of challenging behavior:</i></p> <p><input type="checkbox"/> Physical Aggression toward:</p> <p style="padding-left: 40px;"><input type="checkbox"/> peer(s) <input type="checkbox"/> adult(s) <input type="checkbox"/> self</p> <p><input type="checkbox"/> Hit/Kicked/Scratched/Bit <input type="checkbox"/> Hair Pull</p> <p><input type="checkbox"/> Grabbed <input type="checkbox"/> Spit</p> <p><input type="checkbox"/> Other (Describe below):</p> <p><input type="checkbox"/> Property Destruction</p> <p style="padding-left: 40px;"><input type="checkbox"/> Threw/attempted to throw object(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other (Describe below):</p> <p><input type="checkbox"/> Danger to self (Describe below):</p>

4. Brief narrative/description of the factors/triggers and student behavior immediately preceding the restraint/isolation.

5. Brief narrative/description of the event, including the restraint/isolation applied.

6. Describe efforts of school personnel to de-escalate the situation prior to the use of physical intervention. (check all that apply). Reflect on prior history of restraint/isolation, if applicable.

<input type="checkbox"/> Rule of 5 <input type="checkbox"/> Time <input type="checkbox"/> Space <input type="checkbox"/> Derail <input type="checkbox"/> Redirect <input type="checkbox"/> Prompt <input type="checkbox"/> Other (Describe below):	<input type="checkbox"/> Offer Choices <input type="checkbox"/> Open a Door <input type="checkbox"/> Problem Solving <input type="checkbox"/> Silence <input type="checkbox"/> Relocated <input type="checkbox"/> Change of staff	Has this behavior occurred before? If yes, then provide previous interventions and de-escalation strategies. Put a + next to strategies and interventions that worked, and – next to strategies and interventions that failed. <input type="checkbox"/> Rule of 5 <input type="checkbox"/> Time <input type="checkbox"/> Space <input type="checkbox"/> Derail <input type="checkbox"/> Redirect <input type="checkbox"/> Prompt <input type="checkbox"/> Other (Describe below):	<input type="checkbox"/> Offer Choices <input type="checkbox"/> Open a Door <input type="checkbox"/> Problem Solving <input type="checkbox"/> Silence <input type="checkbox"/> Relocated <input type="checkbox"/> Change of Staff
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7. Describe the specific physical intervention (check all that apply).

Physical restraint/escort used: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, check all applicable:	Length of time:	Isolation: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, check all applicable:	Length of time:
<input type="checkbox"/> One Person Stability Hold <input type="checkbox"/> Two Person Stability Hold <input type="checkbox"/> Floor Drop Transition <input type="checkbox"/> Four Seated Stability Hold <input type="checkbox"/> Forward Transport <input type="checkbox"/> Reverse Transport <input type="checkbox"/> Leg Wrap <input type="checkbox"/> Advanced Physical Management (list below) <input type="checkbox"/> Small Person Carry <input type="checkbox"/>	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Reverse Evacuation <input type="checkbox"/> Enclosed Room <input type="checkbox"/> Other (Describe below):	_____ _____ _____
Duration: Add up total time to nearest .5 minute			

8. Describe any injuries to the student(s) or staff member(s). Attach health room records and/or supporting documentation if applicable.

Student: Y N Was medical care provided? Y N
 Describe: _____

Staff: Y N Was medical care provided? Y N
 Describe: _____

9. Required Follow-up Procedures.

<p><i>What happened immediately following the restraint/isolation?</i></p> <p><input type="checkbox"/> Student returned to class/scheduled activity</p> <p><input type="checkbox"/> Student returned to class with reduced demands</p> <p><input type="checkbox"/> Student was sent home.</p> <p><input type="checkbox"/> Other _____</p> <p><i>Additional description of immediate outcome:</i></p>	<p><input type="checkbox"/> The incident was reviewed with the student. Date: ___/___/___ Describe: _____</p> <p><input type="checkbox"/> The incident was reviewed with staff involved. Date: ___/___/___ By whom: _____</p> <p><input type="checkbox"/> The incident was reviewed with parent/guardian. Date: ___/___/___ By whom: _____</p>
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10. Recommendations.

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

11. A team view of the IEP is needed to discuss the following.

Possible Reevaluation

Modify IEP services

Conduct a Functional Behavioral Assessment

Develop/Modify Behavioral Intervention Plan

Other: _____

Is there a need to change the IEP at this time? : Y N

original: Retained in Principal's building confidential file
 Copy: to the appropriate level
 Elementary: the Admin Assistant to the Executive Directors of Elementary Ed (Maya Greene)
 Secondary: the Admin Assistant to the Executive Director of Secondary Ed (Jennifer Fitzgerald)