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).

Description of perceived environmental factors/triggers:

- ☐ Schedule change
- ☐ Demand
- ☐ Staffing change
- ☐ Sensory
- ☐ Transition
- ☐ Waiting
- ☐ Other (Describe below):

Possible setting events:

- ☐ Lack of medication
- ☐ Hunger
- ☐ Lack of sleep
- ☐ Other (Describe below):

Description of challenging behavior:

- ☐ Physical Aggression toward:
  - ☐ peer(s) ☐ adult(s) ☐ self
- ☐ Hit/Kicked/Scratched/Bit ☐ Hair Pull
- ☐ Grabbed ☐ Spit
- ☐ Other (Describe below):
- ☐ Property Destruction
  - ☐ Threw/attempted to throw object(s)
  - ☐ Other (Describe below):
- ☐ Danger to self (Describe below):

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.

- ☐ Rule of 5
- ☐ Time
- ☐ Space
- ☐ Derail
- ☐ Redirect
- ☐ Prompt
- ☐ Offer Choices
- ☐ Open a Door
- ☐ Problem Solving
- ☐ Silence
- ☐ Relocated
- ☐ Change of staff
- ☐ Other (Describe below):

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.

- ☐ Rule of 5
- ☐ Time
- ☐ Space
- ☐ Derail
- ☐ Redirect
- ☐ Prompt
- ☐ Other (Describe below):
- ☐ Offer Choices
- ☐ Open a Door
- ☐ Problem Solving
- ☐ Silence
- ☐ Relocated
- ☐ Change of Staff

7. Describe the specific physical intervention (check all that apply).

Physical restraint/escort used: ☐ Y ☐ N

If yes, check all applicable:	Length of time:
☐ One Person Stability Hold	_____
☐ Two Person Stability Hold	_____
☐ Floor Drop Transition	_____
☐ Foor Seated Stability Hold	_____
☐ Forward Transport	_____
☐ Reverse Transport	_____
☐ Leg Wrap	_____
☐ Advanced Physical Management (list below)	_____
☐ SmallPersonCarry	_____
☐	_____
Duration: Add up total time to nearest .5 minute	_____

Isolation: ☐ Y ☐ N

If yes, check all applicable:	Length of time:
☐ Reverse Evacuation	_____
☐ Enclosed Room	_____
☐ Other (Describe below):	_____

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.

What happened immediately following the restraint/isolation?

☐Student returned to class/scheduled activity

☐Student returned to class with reduced demands

☐Student was sent home.

☐Other _____

Additional description of immediate outcome:

☐The incident was reviewed with the student.
Date: __/__/____
Describe: _____
_____

☐The incident was reviewed with staff involved.
Date: __/__/____
By whom: _____

☐The incident was reviewed with parent/guardian.
Date: /__/____
By whom: _____

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 review 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)