

PHYSICAL RESTRAINT AND ISOLATION INCIDENT REPORT

THIS SECTION TO BE COMPLETED BY THE TEACHER

School: _____ Student: _____ Student ID#: _____

Birth Date: _____ Grade: _____

Date: _____ Start time: _____ End time: _____

☐ Student with IEP ☐ Student with 504 ☐ Physical Restraint ☐ Isolation

Staff involved and job title(s): _____

Physical Injuries to Student or Staff: ☐ No ☐ Yes (Description and if medical was provided)

Antecedents (What led to the use of restraint or isolation): _____

Location: ☐ Classroom ☐ Hallway ☐ Cafeteria ☐ Outside Grounds ☐ Bus ☐ Other

Activity:

<input type="checkbox"/> PE	<input type="checkbox"/> Academic	<input type="checkbox"/> Before school activity
<input type="checkbox"/> Recess	<input type="checkbox"/> Center Activity	<input type="checkbox"/> After school activity
<input type="checkbox"/> Lunch	<input type="checkbox"/> Recreational/Free Choice	<input type="checkbox"/> Other:

Incident Description (including the type of restraint and duration): _____

Prevention/De-escalation Strategies Used:

<input type="checkbox"/> Redirect	<input type="checkbox"/> Calm down break in classroom
<input type="checkbox"/> Space/Time	<input type="checkbox"/> Calm down break in buddy room or office
<input type="checkbox"/> Give choices	<input type="checkbox"/> Student problem-solving
<input type="checkbox"/> Physical proximity	<input type="checkbox"/> Adult assisted problem-solving
<input type="checkbox"/> Restate/review expectations	<input type="checkbox"/> Other:

Recommendations for changing the nature or amount of resources available to the student and staff member to avoid similar incidents: _____

THIS SECTION TO BE COMPLETED BY THE ADMINISTRATOR

Administrator Documentation

☐ Student/Teacher conference ☐ Processing form ☐ Returned to class/activity
☐ Parent called ☐ Sent home ☐ Police called ☐ Positive behavior instruction
☐ Referred to administrator (*Verbally notify parents within 24 hours and provide written notification post-marked within five (5) days; Special Services or 504 Team copy within two (2) days (if applicable).*)

☐ Administrator review with teacher Date: _____ Time: _____
☐ Administrator review with parent Date: _____ Time: _____
☐ Written report sent to parent Date: _____ Time: _____
☐ Written report sent to Special Services Date: _____ Time: _____

Staff signature: _____ Title: _____ Date: _____

Principal signature: _____ Date: _____

Copy to: Building Administration; Associate/Assistant Superintendent; 504 Team (if applicable); Special Services (if applicable)