EVERETT PUBLIC SCHOOLS

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:

PE		Academic		Before school activity
Recess		Center Activity		After school activity
Lunch		Recreational/Free Choice		Other:

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

_____

Prevention/De-escalation Strategies Used:

Redirect		Calm down break in classroom
Space/Time		Calm down break in buddy room or office
Give choices		Student problem-solving
Physical proximity		Adult assisted problem-solving
Restate/review expectations		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); Parent(s)/Guardian(s)

Adopted: <u>December 2013</u>
Revised: <u>October 2015</u>