**3319P**



Page 6 of 6

**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)

12/13; 10/15; 12/15