



Procedures for Documentation of the Use of Restraint and/or Isolation

Policy No. 3246F

This form must be completed each time a restraint and/or isolation is implemented.

DEFINITION OF RESTRAINT: Physical intervention or force used to control a student, including the use of a restraint device to restrict a student's freedom of movement. Physical escorts and holds are considered restraints.

DEFINITION OF ISOLATION: Restricting the student alone within a room or any other form of enclosure, from which a student may not leave. Reverse evacuations (e.g., clearing all other students from the room) are considered isolation.

Student Name: _____ Status: 504/IHP Special Ed. General Ed.

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

Date of Restraint/Isolation: _____ Setting and School: _____

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.

Person(s) who administered the Restraint/Isolation:

Name: _____	Job Title: _____
Name: _____	Job Title: _____
Name: _____	Job Title: _____
Name: _____	Job Title: _____

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

Parent/Guardian Notified: _____

Type: Phone In person Left voice 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):

Date: ____/____/____

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

1. School personnel involved in incident (additional documentation may be attached if determined necessary).

Name: _____	Job Title: _____
Name: _____	Job Title: _____
Name: _____	Job Title: _____
Name: _____	Job Title: _____

2. Specific environmental factors/triggers and student behavior immediately preceding restraint/isolation

(explanation of clear and present danger of serious harm to the student and/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):

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

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

5. 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"/> Choices <input type="checkbox"/> Time <input type="checkbox"/> Open a door <input type="checkbox"/> Space <input type="checkbox"/> Problem solving <input type="checkbox"/> Derail <input type="checkbox"/> Silence <input type="checkbox"/> Redirect <input type="checkbox"/> Other (describe below):	<p><i>Has this behavior occurred before?</i></p> <p>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.</p> <input type="checkbox"/> Rule of 5 <input type="checkbox"/> Choices <input type="checkbox"/> Time <input type="checkbox"/> Open a door <input type="checkbox"/> Space <input type="checkbox"/> Problem solving <input type="checkbox"/> Derail <input type="checkbox"/> Silence <input type="checkbox"/> Redirect <input type="checkbox"/> Other (describe below):
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6. Describe the specific physical intervention (check all that apply)

Physical restraint/escort used: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, check all applicable:</i> <i>Length of Time:</i> <input type="checkbox"/> One Person One Arm Escort _____ <input type="checkbox"/> One Person Cross Arm Escort _____ <input type="checkbox"/> Rear Two Person Escort _____ <input type="checkbox"/> Midsection Clothing Control _____ <input type="checkbox"/> Hip Control _____ <input type="checkbox"/> One Person Standing Hold _____ <input type="checkbox"/> Two Person Standing Hold _____ <input type="checkbox"/> One Person Chair Hold _____ <input type="checkbox"/> Two Person Chair Hold _____ <input type="checkbox"/> Two Person Couch Hold _____ <input type="checkbox"/> Other: _____	Isolation: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, check all applicable:</i> <i>Length of Time:</i> <input type="checkbox"/> Reverse Evacuation _____ <input type="checkbox"/> Enclosed Room _____ <input type="checkbox"/> Other (describe below): _____
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7. Describe any injuries to the student(s) and/or staff member(s). Attach health room records and/or supporting documentation, if applicable.

Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No Was medical care provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Staff:	<input type="checkbox"/> Yes <input type="checkbox"/> No Was medical care provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____

8. 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: _____

By whom: _____

- The incident was reviewed with staff involved.

Date: ___/___/___

Describe: _____

By whom: _____

- The incident was reviewed with parent/guardian.

Date: ___/___/___

Describe: _____

By whom: _____