

# Physical Restraint/Isolation Incident Report

A. Student Information			
Name	School	Date of Birth	Grade
<input type="checkbox"/> General Ed <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> In Process	<b>Race/Ethnicity:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander	<b>English Language Learner:</b> <input type="checkbox"/> Yes Level: <input type="checkbox"/> No	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

B. Incident Description		
Date incident occurred _____ <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Isolation		
Time <b>restraint</b> began:	Time <b>isolation</b> began:	<b>Location of incident</b> <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Hall <input type="checkbox"/> Other _____
Time <b>restraint</b> ended:	Time <b>isolation</b> ended:	
<b>Behavior(s) directed at:</b> <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self Other: _____	<b>Behavior(s) the student exhibited prior to incident:</b> <input type="checkbox"/> Yelling/calling out <input type="checkbox"/> Out of seat/wandering <input type="checkbox"/> Cursing <input type="checkbox"/> Shutting down/refusing to complete task <input type="checkbox"/> Throwing objects <input type="checkbox"/> Other: _____	
<b>Aggressive behavior(s) the student exhibited prior to incident:</b> <input type="checkbox"/> Hitting <input type="checkbox"/> Kicking <input type="checkbox"/> Spitting <input type="checkbox"/> Biting <input type="checkbox"/> Pushing <input type="checkbox"/> Cutting <input type="checkbox"/> Running <input type="checkbox"/> Choking <input type="checkbox"/> Using objects as weapons Other: _____	<b>Intervention(s)/effort attempted to de-escalate student prior to physical restraint/isolation:</b> <input type="checkbox"/> Verbal/visual redirection <input type="checkbox"/> Offered choices <input type="checkbox"/> Reinforcement of approximate behaviors <input type="checkbox"/> Proximity/body positioning <input type="checkbox"/> Reminder of reward system <input type="checkbox"/> Planned ignoring <input type="checkbox"/> Offered a walk/break <input type="checkbox"/> Other: _____	
<b>Restraint methodology used:</b> <input type="checkbox"/> CPI® <input type="checkbox"/> Right Response® Other: _____	<b>Restraint hold used:</b> <input type="checkbox"/> Student's control position <input type="checkbox"/> Mid-section clothing control escort <input type="checkbox"/> Team control position <input type="checkbox"/> Hip control escort <input type="checkbox"/> Interim control position <input type="checkbox"/> 1, 2-arm, 1 person escort <input type="checkbox"/> Transport position <input type="checkbox"/> Rear 2-person escort <input type="checkbox"/> Other: _____ <input type="checkbox"/> 1, 2-person standing hold <input type="checkbox"/> 1, 2-arm 1-person chair hold <input type="checkbox"/> 2-person chair hold <input type="checkbox"/> 2-person couch hold	
Student's behavior <b>during</b> restraint:		
Student's behavior <b>after</b> restraint:		

**Physical Restraint:** physical intervention or force used to control a student, including the use of a restraint device.

**Restraint Device:** device used to assist in controlling a student, including but not limited to metal handcuffs, plastic ties, ankle restraints, leather cuffs, other hospital type restraints, pepper sprays, tasers or batons.

**Isolation:** excluding a student from his/her regular instructional area and restricting the student alone within a room or any other form of enclosure, from which the student may not leave.

Does include room clears if student is not permitted to leave the room. Does NOT include time out, study carrel, hallway, etc., or any area that student goes to voluntarily calm down. Student must be under constant visual and auditory supervision of staff.

### C. Staff administering the physical restraint/isolation

Name (print name)	Position	Restraint Certified	Restraint Methodology	Received training prior to restraint/isolation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CPI® <input type="checkbox"/> Right Response®	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CPI® <input type="checkbox"/> Right Response®	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CPI® <input type="checkbox"/> Right Response®	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CPI® <input type="checkbox"/> Right Response®	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CPI® <input type="checkbox"/> Right Response®	<input type="checkbox"/> Yes <input type="checkbox"/> No

### D. Staff/student observing the incident

Staff/Student (print name)	Position	<b>Was there any injury to staff and/or student(s)?</b> <b>Staff:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: (fill in district incident report)  <b>Student:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what:  _____ _____

### E. Principal Notification (as soon as reasonably possible)

Date	Time
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### F. Parent Notification (Parents must be verbally notified by the end of the day, or as soon as reasonably possible. Written notification must be given within five days)

Name of parent(s)/guardian(s) contacted:	Time of verbal contact:	Date of written contact:
	Date:	
	Staff contact:	Staff contact:

Report prepared by:

\_\_\_\_\_  
 Employee Date Administrator Date

**Send completed pages one and two to parent within three business days**

## Debriefing Report (for school district use only)

### **G. Debriefing Information** (to be completed by staff members involved in the restraint/isolation as well as any other appropriate personnel)

Date of debriefing	Time of debriefing meeting	Location
<b>Debriefing notes for restraint:</b>		<b>Debriefing notes for isolation:</b>
Who was involved:		Who was involved:
Where did it happen:		Where did it happen:
What were the identified triggers:		What were the identified triggers:
What happened:		What happened:
What de-escalation techniques were used:		What de-escalation techniques were used:
What worked and what didn't work:		What worked and what didn't work:
What would you do differently next time:		What would you do differently next time:
Was a tiered level of support used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was a tiered level of support used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the BIP followed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the BIP followed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	Printed name of those attending the debriefing meeting	Signature of those attending the debriefing meeting

**Report prepared by:**

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Administrator Date

**Send all completed pages to risk management, with a copy to the special education office (if student has an IEP), at the Student Services Center no later than two days after incident.**