

STUDENT RESTRAINT AND/OR ISOLATION INCIDENT REPORT

This form is to be used to document an incident when the maintenance of safety has required the use of restraint or isolation.

The principal or principal's designee must make a reasonable effort to verbally inform the student's parent or guardian within twenty-four hours of the incident, and must send written notification as soon as practical but postmarked no later than five business days after the restraint or isolation occurred. If the school or school district customarily provides the parent or guardian with school-related information in a language other than English, the written report under this section must be provided to the parent or guardian in that language. (ESHB 1688.SL)

Student Name:	Grade:	Date:	School:
Program:	Location Where Incident Began:		
Teacher:	IEP Case Manager if Applicable:		
Current Behavior Support Plan:			

Behavior(s)

What the student did- Reason for physically intervening or secluding...	
<input type="checkbox"/> Physical aggression towards peers.	<input type="checkbox"/> Injury Sustained: Medical Care Provided (If "Yes" must complete this form)
<input type="checkbox"/> Physical aggression towards staff.	<input type="checkbox"/> Injury Sustained: Medical Care Provided (If "Yes" must complete this form)
<input type="checkbox"/> Physical aggression towards self.	<input type="checkbox"/> Injury sustained: Medical Care Provided (If "Yes" must complete this form)
<input type="checkbox"/> Destruction of property that resulted in safety concerns	

Intervention(s)

Interventions Attempted – Prior to physically intervening or secluding...	
<input type="checkbox"/> Positive re-direction	<input type="checkbox"/> Avoidance/Repelling
<input type="checkbox"/> Verbal de-escalation	<input type="checkbox"/> Interventions documented in student's BIP
<input type="checkbox"/> Time & Space	
<input type="checkbox"/> Active listening	
<input type="checkbox"/> Choices	
<input type="checkbox"/> Problem solving	
<input type="checkbox"/> Planned ignoring/silence	<input type="checkbox"/> Other

Restraint – physical intervention or force used to control a student (ESHB 1688.SL)

<p><u>Escort</u></p> <input type="checkbox"/> Midsection Clothing/Hip Control <input type="checkbox"/> 1 person, 1 arm <input type="checkbox"/> 1 person, cross arm <input type="checkbox"/> 2 person <input type="checkbox"/> 3 person <input type="checkbox"/> Small child 2 person <input type="checkbox"/> Other:	<p><u>Hold</u></p> <input type="checkbox"/> Standing Hold <input type="checkbox"/> Seated Hold <input type="checkbox"/> Floor hold <input type="checkbox"/> Small child hold <input type="checkbox"/> Small child escort to hold <input type="checkbox"/> Other:
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Time Began:	Time Ended:	Time Began:	Time Ended:
Staff Involved:	Job Title:	Staff Involved:	Job Title:

Isolation – excluding a student from his or 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 (ESHB 1688.SL)

Location: Time Began: Time Ended:
Supervised by: Job Title:

Follow Up

Incident review with Student and Parent or Guardian
 Incident review with Staff
 Principal informed
Parent Contact Date:
Parent Contact Method:
Name of person making parent contact:
Exclusionary Discipline start date: Exclusionary Discipline end date:

Next Steps (check any that apply)

<input type="checkbox"/> Conduct new FBA	<input type="checkbox"/> Refer for additional services
<input type="checkbox"/> Develop or modify BSP	<input type="checkbox"/> Consider alternate placement
<input type="checkbox"/> Modify program	<input type="checkbox"/> Request support from Intervention team
<input type="checkbox"/> No changes	<input type="checkbox"/> Other

**Name(s) of staff involved
or witnessing incident:**

Signature:

Principal signature:

Copies to Principal and, within two business days, the Director of Special Education