

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: Yes No			

Behavior(s)

What the student did- Reason for physically intervening or secluding...

- Physical aggression towards peers Injury Sustained: Medical Care Provided ([If "Yes" "must complete this form"](#))
 Physical aggression towards staff Injury Sustained: Medical Care Provided ([If "Yes" must complete this form"](#))
 Destruction of property that resulted in safety concerns Elopement

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)

Escort

- Midsection Clothing/Hip Control
 1 person, 1 arm
 1-person, cross arm
 2 person
 3 person
 Small child 2 person
 Other:

Hold

- Standing Hold
 Seated Hold
 Floor hold
 Small child hold
 Small child escort to hold
 Other:

Time Began:	Time Ended:	Time Began:	Time Ended:
Staff Involved:		Staff Involved:	
Job Title:		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)

- Conduct new FBA
- Develop or modify BSP
- Modify program
- No changes
- Refer for additional services
- Consider alternate placement
- Request support from Intervention team
- Other

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

Signature:

Principal signature:

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