PHYSICAL RESTRAINT/ISOLATION PARENT REPORT

Student Name: _____ ID#_____ Grade: __ School: _____
Parent/Guardian: _____

Incident Description:

Date: Time **Escalation** Began:

Behaviors student exhibited **prior** to restraint or isolation:

☐Yelling/calling out/cursing ☐Kicking ☐Running ☐Spitting
☐Out of seat/wandering ☐Biting ☐Throwing objects ☐Pushing
☐Shutdown/refusal to follow directions ☐Self injury ☐ Threatening others ☐Hitting
☐ Using objects as weapons ☐Self injury ☐Damaging Property ☐Other:

De-escalation Techniques attempted prior to restraint or isolations:

☐Proximity ☐Non-verbal redirection ☐Prompt to use learned coping/calming skills
☐Verbal Redirections ☐Time out in classroom ☐Sensory tools/movement breaks
☐Closed-ended choices ☐Planned ignoring ☐Positive and meaningful reinforcers
☐Modified assignment ☐Help/Wait/Prompt ☐Other:

Restraint: Time **restraint** began: Time ended: Total min. **restrained**:

Type: ☐Floor Drop Transition ☐1 Person Stability Hold ☐2 Person Stability Hold
☐Forward Transport ☐Other:

Isolation: Isolation means restricting the student alone within a room or any other form of enclosure from which the student may not leave. It does not include a student's voluntary use of a quiet space for self calming or temporary removal of a student from his or her regular instructional area to an unlocked area for purposes of carrying out an appropriate positive behavior intervention plan.

Time **isolation** began: Time ended: Total min. in **isolation**:

Type: ☐Office ☐Nurse's Office ☐Library ☐Classroom ☐Counselor's Office ☐Gym/locker room
☐Designated space ☐Bus/car/other vehicle ☐Other:

Student behavior **immediately after** restraint or isolation

☐Returned to learning activity/routine ☐ Continued agitation 0-20 min. ☐Continued agitation 20+ min.
☐De-escalated but NOT engaged in learning activity/routine ☐Other:

Record any injuries or marks on student after incident:	Medical care provided to student (if necessary):
☐ Check here if no marks or injuries	

Parent Notification:
Date/Time of verbal contact (within 24 hours):

Method: Staff Responsible:
Written Parent Notification mailed w/in 5 days: Date: Staff Responsible:

Routing: One copy to working file, one copy to Student Services, one copy to Parent/Guardian.

Case Manager:_____ Principal:_____

PHYSICAL RESTRAINT/ISOLATION DEBRIEF REPORT

Student Name: _____ ID#_____ Grade: __ School: _____
Parent/Guardian: _____

Incident Date: Student has an IEP ☐ Student has a 504 ☐

Staff involved in Restraint or Isolation		
Print Name	Position	Were there any staff injuries?
	☐Teacher ☐ Paraeducator ☐Administrator ☐ Other	☐ No ☐ Yes If "Yes" please fill out staff Accident/incident form
	☐Teacher ☐ Paraeducator ☐Administrator ☐ Other	☐ No ☐ Yes
	☐Teacher ☐ Paraeducator ☐Administrator ☐ Other	☐ No ☐ Yes
	☐Teacher ☐ Paraeducator ☐Administrator ☐ Other	☐ No ☐ Yes
	☐Teacher ☐ Paraeducator ☐Administrator ☐ Other	☐ No ☐ Yes

Debriefing Information:
Debriefing Date: Date of debrief with student:

Was the behavior ☐Disruptive ☐Dangerous ☐Very Dangerous
What was happening in the student's environment at the time of the escalation? What were the identified triggers?

What went well?

Recommendations to change the nature or amount of resources available to student and staff members in order to avoid a similar incident in the future?

Does the student's IEP/BIP or Section 504 plan need to be reviewed? ☐Yes ☐ No
If "Yes," tentative date of IEP meeting of 504 meeting:

Report prepared by: ☐ IEP Case Manager ☐ 504 Case Manager ☐ Other:
Debrief Report AND Parent Report must be sent to the Student Services Department no later than two days after the incident. Scanning this form over is acceptable.

Case Manager Date Principal Date

Routing: Working File and Student Services