



Isolation/Restraint Report

This form is to be completed following any incident involving physical contact to restrain, move or otherwise safeguard students and/or staff. It is to be completed and signed by the primary staff person and all other staff involved in the incident. Administration should be notified immediately should injury occur to any person involved.

Any use of isolation and/or restraint shall be used only when a student's behavior poses an imminent likelihood of serious harm. The limited use of isolation and/or restraint is conditioned upon compliance with the conditions found in RCW 28A.600.485:

Isolation as defined in RCW 28A.600.485 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 behavioral intervention plan.

Likelihood of serious harm as defined in RCW 70.96B.010 means:

(1) A substantial risk that: (a) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide, or inflict physical harm on oneself;

2) The person has threatened the physical safety of another and has a history of one or more violent acts.

Restraint as defined in RCW 28A.600.485 means: Physical intervention or force used to control a student.

Person reporting the incident _____ Position _____

Student's name _____ Date of incident _____

Does this student have a disability? Yes No If yes, please specify: _____

504 Plan Special Education General Education

Teacher _____ Grade _____ School _____

Does student have a behavior intervention/support plan for this behavior? Yes No

Duration of Incident

Time incident began: _____ Time incident ended: _____ Total time of incident: _____

Only record one incident for each event that is not a continuation of the same event and would reasonably be considered a separate incident.

Only mark **multiple** restraints/isolations if they are reasonably connected **to the same event**. The total time (duration) will be added to this report in the case of multiple restraints or isolations.

Restraint Times

#1 Began _____ Ended _____ Total _____

#2 Began _____ Ended _____ Total _____

#3 Began _____ Ended _____ Total _____

Total restraint time _____

Isolation Times

#1 Began _____ Ended _____ Total _____

#2 Began _____ Ended _____ Total _____

#3 Began _____ Ended _____ Total _____

Total isolation time _____

Location: Classroom Outside Lunchroom/Commons Office Bus Hallway

Other _____

Were there any injuries apparent to any individuals? Yes (Complete the incident/accident report form) No

Was the student's behavior self-injurious or was he/she threatening to harm him/herself or others? Yes No
Yes No

Did the student damage physical property? Yes No Estimated Value: \$

Identify the nature of the physical harm or property destruction:

Primary Physical Interventions used:

Avoidance	Body Release	CPI Standing Hold
Block and Move	Choke Release	CPI Turning Away
Arm/Wrist Release	CPI Transport	CPI Team Control (Emergency Only - MS/HS)
Bite Release	CPI Children's Control Standing	
Hair Pull Release	CPI Children's Control Seated	
Clothing Release	CPI Seated Hold	

Parent notified: In person Email Phone call Date contacted: _____ Time: _____
(within 24 hours)

Written notification sent to parent/guardian (within 5 business days) Date sent: _____

What staff had done prior to the restraint as an attempt to de-escalate the student?

Verbally redirected the student to alter his/her behavior	Changed the activity
Spoke to the student outside the classroom	Discontinued the activity
Relocated the student in the classroom	Changed the assignment
Requested that the student take a "time out"	Discontinued the assignment
Requested that other staff manage the student	Moved away from the student
Verbally praised the student for demonstrating de-escalation techniques	Contacted the office
Reminded student of incentive for demonstrating appropriate behavior	Clarified the expectations
Other _____	Removed other students

Recommendations for changing the nature or amount of resources available to student and staff in order to avoid similar incidents.

Was student told restraint would be used if violence did not stop: Yes No No time

MDT needed to address interventions. Yes No

*Behavior prior to incident:

*Description of incident – To be completed by the primary staff person involved in the incident:

*Behavior after incident:

*If more space for incident details is needed, please attach an additional sheet.

Functional Behavior Analysis/Behavior Intervention plan needed? Yes No Review/Revise FBA? Yes No

Staff involved	Teacher	Para Educator	Administrator	Other	Participant	CPI Trained	Signature

Administrator/Office Use Only:

Action Date _____ Restraint Type _____ Restraint Duration: _____ Isolation Type _____ Isolation Duration _____
_____ Staff injured count: _____ Student injured? ____ Yes ____ No
Entered into Skyward by: _____ Date: _____

Administrator Signature

Date

Only if discipline is applicable do you complete the Offense, Action and Incident# Offense: _____ Action: _____ Incident #: _____