



Isolation/Restraint Reporting Form

Top portion needs to be completed the day of the event and submitted to Administration by 3:00.

Student's Name: _____ Building: _____ IEP/504: _____

Date of Incident: ____/____/____ Time of Incident: ____:____ Location: _____

☐ Isolation ☐ Restraint

Reporting Staff Member: _____

Staff Members Involved: _____

Identifying code from back: _____ *Code notes for those required: _____

Duration of Incident in minutes: ____:____

Antecedents: (what was happening prior to behavior?)

Behavior resulting in **restraint/isolation**:

Was the student injured? ☐ Yes ☐ No. If yes, was medical given? ☐ Yes ☐ No (Please describe)

Was a staff member injured? ☐ Yes ☐ No.

If yes, was medical given? ☐ Yes ☐ No

(Describe & fill out required form for office use [onlyhttps://webdoc.esd112.org/Forms/EIR123](https://webdoc.esd112.org/Forms/EIR123))

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Date incident was verbally reviewed with parents/guardians (within 24 hours): ____/____/____

Date written notification was mailed to family (within 5 days): ____/____/____

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Bottom Section To Be Completed After Team Review

Staff members who participated in post incident review:

Date of Review: ____/____/____

Method: ☐ In Person ☐ Phone ☐ Email

Additional comments from review:

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To be completed by office staff

Date entered into Skyward: ____/____/____

☐ Copy sent to Asst. to Superintendent ☐ Copy sent to Principal ☐ Copy sent to Director of Special Education

Identifying Code:

- 1- 1 person restraint*
- 2- 2+ person restraint on the floor*
- 3- 2+ person restraint seated
- 4- 2+ person restraint standing
- 5- 2+ person restraint on the wall*
- 6- Handcuffs by law enforcement
- 7- Handcuffs by non-law enforcement*
- 8- Other restraint *
- 9- Weight blankets
- 10- Bus/car vehicle isolation
- 11- Classroom isolation
- 12- Closet, locker room, other non-classroom isolation
- 13- Designated isolation room
- 14- Office (includes sick rook)
- 15- Other*

*Required Notes