

Issaquah School District Isolation/Restraint Report

Date of Report:

School:

DIRECTIONS:

- Staff must notify the Principal/Principal Designee as soon as possible after the incident(s) of restraint or isolation occurred.
- Principal/Principal Designee must notify parents within 24 hours of the use of restraint/isolation.
- Staff must complete this Issaquah School District Isolation/Restraint Report and make 3 copies.
- The original completed form must be mailed to Special Services within 2 days of the incident(s) (for special education students). For General Education students, mail the original form to the appropriate Executive Director.
- One copy must be mailed to Parents (postmarked no later than 5 business days after restraint or isolation occurred).
- One copy is filed with the building administrator.
- The Special Education Teacher keeps one copy of the completed form (for special education students). The building 504 Coordinator keeps one copy of the completed form (for 504 students).

Student Name:

IEP 504 Neither

Staff Member(s) Involved – Name and Job Title:

FOR SINGLE INCIDENTS THAT INVOLVE ONLY 1 INCIDENT OF EITHER ISOLATION OR RESTRAINT, DOCUMENT THE FOLLOWING.

***IF MORE THAN 1 ISOLATION AND/OR RESTRAINT IS USED, COMPLETE “ESCALATION CYCLE” SECTION ON PAGE 2.**

Incident Date: Start Time:

End Time:

Amount of time:

Use of Isolation (ST1): YES NO (Check One) If YES - Location of Isolation:

Use of Restraint: YES NO (Check One)

If YES - Please check the appropriate box below, then specify type of restraint:

(Hold –SP1) (Escort – SP2) Specific type of restraint:

Describe the behavior precipitating Isolation or Restraint:

Describe the appropriateness of the response using Isolation or Restraint:

FOR ESCALATION CYCLES THAT INVOLVE MORE THAN 1 INCIDENT OF ISOLATION AND/OR RESTRAINT, DOCUMENT THE FOLLOWING:

Escalation Cycle: Incident Date:

Start Time:

End Time:

Location of isolation(s):

Within the Escalation Cycle, note the number of, and the amount of time for each:

RESTRAINT – HOLD (SP1): # of Hold(s):

Amount of Time for each Hold:

RESTRAINT – ESCORT (SP2): # of Escort(s):

Amount of Time for each Escort:

ISOLATION – (ST1): # of Isolation(s):

Amount of Time for each Isolation:

Describe the behaviors precipitating Isolation(s)/Restraint(s):

Describe the appropriateness of the response of using Isolation(s)/Restraint(s):

For students without Advanced Educational Planning Addendum, 911 call after 10 minutes YES NO

- If YES, describe outcome of 911 call:

FOR ALL INCIDENTS OF ISOLATION/RESTRAINT, WHETHER SINGLE OR MULTIPLE, DOCUMENT THE FOLLOWING:

Incident(s) reviewed with Student:

- Name/title of staff doing review:
- Physical Injury to Student: YES NO (Check One)
 - If “YES”, Check box (es) that apply:
Physical Injury to Student during: Restraint (SP3) Isolation (ST2)
 - If “YES”, describe medical care & complete appropriate district incident form (if necessary):
- Physical Injury to Staff: YES NO (Check One)
 - If “YES”, Check box (es) that apply:
Physical Injury to Staff during: Restraint (SP4) Isolation (ST3)
 - If “YES”, describe medical care & complete appropriate district incident form (if necessary):

Need for staff training or support to help avoid similar incidents: YES NO (Check One)

- If “YES”, describe training or support needed:

Recommendations for changing nature or amount of resources available in order to avoid similar incidents:

YES NO (Check One)

- If “YES”, describe recommendations:

Signature/Job Title of Staff Member(s) involved:

Date: _____
Date: _____
Date: _____
Date: _____
Date: _____

Parent/Guardian verbally informed within 24 hours:

Name & Job Title of Person Who Notified Parent/Guardian:

Date/Time:

Name of Person Who Mailed Report to Parent/Guardian:

Date:

School administrative staff reviewed the incident with the staff member who administered the restraint or isolation to discuss whether proper procedures were followed and need for any additional training/support:

Signature of Principal/Designee: _____ **Date:** _____

To be completed by the Discipline Secretary:

Date entered into Skyward:

Incident #:

Initials: