**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:

**Behavior(s)**

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

☐ Physical aggression towards peers ☐Injury Sustained: Medical Care Provided if yes, also complete the accident form

☐ Physical aggression towards staff ☐Injury Sustained: Medical Care Provided if yes, also complete the accident form

☐ Destruction of property that resulted in safety concerns

☐ Behavior that resulted in emotional safety concerns

**Intervention(s)**

Interventions Attempted – Prior to physically intervening or secluding…

☐ Positive re-direction ☐ Avoidance/Repelling

☐ Verbal de-escalation ☐ Interventions documented in student’s BIP

☐ Time & Space

☐ Active listening

☐ Choices

☐ Problem solving

☐ Planned ignoring/silence ☐ Other

Restraint **–** physical intervention or force used to control a student (ESHB 1688.SL)

**Escort** **Hold**

☐ Midsection Clothing/Hip Control ☐ Standing Hold

☐ 1 person, 1 arm ☐ Seated Hold

☐ 1 person, cross arm ☐ Floor hold

☐ 2 person ☐ Small child hold

☐ 3 person ☐ Small child escort to hold

☐ Small child 2 person ☐ Other:

☐ Other:

|  |  |
| --- | --- |
| Time Began:       Time Ended:  Staff Involved:       Job Title: | Time Began:       Time Ended:  Staff Involved:       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 ☐ Refer for additional services

☐ Develop or modify BSP ☐ Consider alternate placement

☐ Modify program ☐ Request support from Intervention team

☐ No changes ☐ Other

**Name(s) of staff involved**

**or witnessing incident:**  **Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Principal signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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