

PHYSICAL RESTRAINT/ISOLATION PARENT REPORT

	Student Name:		ID#	Grade: _	School:				
	Parent/Guardian:								
Incider	nt Description:								
Date:	Time Escalation	Began:							
Behaviors student exhibited prior to restraint or isolation:									
□Yelli	ing/calling out/cursing	□Kicking	□Running		☐ Spitting				
□Out o	of seat/wandering	□Biting	□Throwing	g objects	\square Pushing				
□Shut	down/refusal to follow direc	tions	☐ Threaten	ing others	\square Hitting				
	ng objects as weapons	□Self injury		g Property	□Other:				
De-escalation Techniques attempted prior to restraint or isolations:									
□Prox	•	□Non-verbal redirecti	_						
□Verbal Redirections □Time out in class			m □Sensory tools/movement breaks						
□Closed-ended choices □Planned ignoring			□Positive a	□Positive and meaningful reinforcers					
□Mod	ified assignment	□Help/Wait/Prompt	☐Other:						
Restrai		· ·	e ended:		nin. restrained :				
Type:	□Floor Drop Transition		tability Hold 🗆	2 Person Stab	oility 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:									
Studen	t behavior immediately after								
□Retu	rned to learning activity/rout	ine Continued agitat	tion 0-20 min. 🛚	∃Continued a	gitation 20+ min.				
□De-e	scalated but NOT engaged i	n learning activity/routi	ine Other:						
Record	l any injuries or marks on stu	ident after incident: M	Iedical care prov	ided to stude	nt (if necessary):				
$ $ \Box Ch	eck here if no marks or inju	ries							
	Notification:	241							
Date/T	ime of verbal contact (within								
Writter	Method: n Parent Notification mailed	Staff Responsible:	Staff Da	esponsible:					
VV I ILLEI	i i aicht indhheathail maileu	will J days. Date.	Stati Kt	aponatore.					
Routin	g: One copy to working file,	one copy to Student Se	ervices, one copy	y to Parent/Gu	uardian.				
Case M	fanager:	Prin	cinal:						



PHYSICAL RESTRAINT/ISOLATION DEBRIEF REPORT

Student Name: Parent/Guardian:		ID#	Grade:	School:	
· -					
Incident Date: Student has an IE		∑ Str	udent has a 504	t has a 504 □	
Staff involved in Restraint or Is	olation				
Print Name	Position		Were the	re any staff injuries?	
	□Teacher □	Paraeducator	□ No	□ Yes	
	□Administrator	☐ Other		please fill out staff incident form	
	□Teacher □	Paraeducator	□ No	□ Yes	
	□Administrator	☐ Other			
	□Teacher □	Paraeducator	□ No	□ Yes	
	□Administrator	☐ Other			
	□Teacher □	Paraeducator	□ No	□ Yes	
	□Administrator	☐ Other			
	□Teacher □	Paraeducator	□ No	□ Yes	
	□Administrator	☐ Other			
	·				
Debriefing Information:					
$\boldsymbol{\mathcal{E}}$	of debrief with student				
Was the behavior □Disruptive What was happening in the stud			tion? What were	e the identified triggers?	
What went well?					
what went wen:					
Recommendations to change the		esources available to	o student and sta	aff members in order to	
avoid a similar incident in the fu	iture'?				
Does the student's IEP/BIP or S	Section 504 plan need to	be reviewed? □Ye	es 🗆 No		
If "Yes," tentative date of IEP n	neeting of 504 meeting	:			
Report prepared by: ☐ IEP Cas	e Manager □ 504 Cas	e Manager Other	::		
Debrief Report AND Parent Rej		Student Services D	epartment no la	ter than two days after	
the incident. Scanning this form	over is acceptable.				
Casa Managar	Data	Duin aim a 1		Date	
Case Manager	Date	Principal		Date	

Routing: Working File and Student Services