

## PHYSICAL RESTRAINT/ISOLATION PARENT REPORT



# PHYSICAL RESTRAINT/ISOLATION DEBRIEF REPORT

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Student has an IEP ☐ Student has a 504 ☐

Staff involved in Restraint or Isolation		
Print Name	Position	Were there any staff injuries?
	<input type="checkbox"/> Teacher <input type="checkbox"/> Paraeducator <input type="checkbox"/> Administrator <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes" please fill out staff Accident/incident form
	<input type="checkbox"/> Teacher <input type="checkbox"/> Paraeducator <input type="checkbox"/> Administrator <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Teacher <input type="checkbox"/> Paraeducator <input type="checkbox"/> Administrator <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Teacher <input type="checkbox"/> Paraeducator <input type="checkbox"/> Administrator <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Teacher <input type="checkbox"/> Paraeducator <input type="checkbox"/> Administrator <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Debriefing Information:

Debriefing Date: \_\_\_\_\_ Date of debrief with student: \_\_\_\_\_

Was the behavior ☐ Disruptive ☐ Dangerous ☐ Very Dangerous

What was happening in the student's environment at the time of the escalation? What were the identified triggers?

What went well?

Recommendations to change the nature or amount of resources available to student and staff members in order to avoid a similar incident in the future?

Does the student's IEP/BIP or Section 504 plan need to be reviewed? ☐ Yes ☐ No

If "Yes," tentative date of IEP meeting of 504 meeting:

Report prepared by: ☐ IEP Case Manager ☐ 504 Case Manager ☐ Other:

Debrief Report AND Parent Report must be sent to the Student Services Department no later than two days after the incident. Scanning this form over is acceptable.

Case Manager \_\_\_\_\_ Date \_\_\_\_\_ Principal \_\_\_\_\_ Date \_\_\_\_\_

Routing: Working File and Student Services