Restraint/Isolation Report

Date/Time of Incident _____/_____ Date of Report _____

_____

Student Name School Staff Member(s) Involved IEP/504 (circle)

Isolation (Y/N) Location of isolation _____ Duration _____

Restraint (Y/N) Type of restraint __ _____ Duration _____

Describe the behavior precipitating restraint/isolation: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Incident reviewed with Student (Y/N) Name of staff doing review: _____

Physical Injury to Student (Y/N) If yes, describe medical care: _____

Physical Injury to Staff (Y/N) If yes, describe medical care: _____

_____ _____

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

_____ _____

Signature of Principal/Designee Date

Parent/Guardian verbally informed within 24 hours (Y/N) Comment _____

Date Report Mailed to Parent/Guardian _____ Comment _____