



Building: \_\_\_\_\_

### Restraint / Isolation Documentation Report Form (Required)

Student's Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Staff Involved in Restraint/Isolation: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Seclusion:** Initiated by \_\_\_\_\_

**Restraint:** Initiated by \_\_\_\_\_

Time In \_\_\_\_\_ Time Released \_\_\_\_\_

Time In \_\_\_\_\_ Time Released \_\_\_\_\_

Adult responsible for monitoring \_\_\_\_\_

Adult responsible for monitoring \_\_\_\_\_

Type of Seclusion: \_\_\_\_\_

Type of Restraint: \_\_\_\_\_ Location: \_\_\_\_\_

Antecedents: (Describe activity that led to seclusion) (use backside)

Antecedents: (Describe activity that led to restraint) (use backside)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Behavior:

Behavior:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Less restrictive interventions attempted:

Less restrictive interventions attempted:

\_\_\_ Planned ignore \_\_\_ Cool Down Period \_\_\_ Verbal Redirection

\_\_\_ Planned ignore \_\_\_ Cool Down Period \_\_\_ Verbal Redirection

\_\_\_ Proximity Control \_\_\_ Other: \_\_\_\_\_

\_\_\_ Proximity Control \_\_\_ Time Out \_\_\_ Other: \_\_\_\_\_

Release criteria: \_\_\_ Calm ( ) minutes \_\_\_ accepts redirection  
\_\_\_ other \_\_\_\_\_

Restraint used: \_\_\_ Child Control \_\_\_ Team Control Standing

Discussed criteria for release with students: \_\_\_ Yes \_\_\_ No

Behavior at release:

Behavior at release:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Team Incident Meeting Summary/Debrief:**

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Did injury occur to student or staff? Medical care needed? If yes, please explain:

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Recommendations for changing the nature or amount of resources available to student or staff to avoid future incidents? \_\_\_Yes \_\_\_No

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\_\_\_ Parent contacted on: Date:\_\_\_\_\_ Time:\_\_\_\_\_ by: Phone / In Person

Brief description of parental contact: \_\_\_\_\_



\_\_\_\_\_ Copy sent to principal                      \_\_\_\_\_ Copy sent to Student Services Dept.

Signature of Staff who restrained student: \_\_\_\_\_