

## Documentation of Restraint and/or Isolation

This document is required after restraint or isolation of any student. Submit this form to the Director of Special Services within 2 business days of the incident. The document will be reviewed by the Director of Special Services and then sent to the district office. The Director of Special Services must postmark and send this document to the parent/guardian within 5 calendar days.

**Restraint:** Physical intervention or force used to control a student, including the use of a restraint device to restrict a student's freedom of movement.

**Isolation:** 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.

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Staff Member completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Name of individual(s) who administered restraint/isolation and their job titles:

\_\_\_\_\_

### Type of restraint or isolation used (check all that apply):

#### Restraint

- 1 person restraint
- 2+ person floor restraint
- 2+ seated restraint
- 2+ standing restraint
- 2+ person wall restraint
- Handcuffs-performed by law enforcement
- Handcuffs-performed by non-law enforcement
- Other restraint
- Weighted blankets (only if used as restraint)

#### Isolation

- Bus/Car/Other vehicle
- Classroom
- Closet, locker room or other non-classroom, no-office small space
- Designated Isolation room
- Office including nurse, counselor, or main office
- Other Isolation

Duration of restraint: \_\_\_\_\_ Duration of isolation: \_\_\_\_\_

Description of the behavior that precipitated the restraint or isolation:

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

Was the staff member or student physically injured during the restraint or isolation?

- No  
 Yes

Explain: \_\_\_\_\_  
Explain: \_\_\_\_\_

3246 F  
Students

Medical care provided: \_\_\_\_\_

Date Building Administrator notified: \_\_\_\_\_

**Recommendations** for changing the nature or amount of resources available to the student and staff members in order to avoid similar incidents.

**With 24 hours**

Staff **verbally** reviewed the incident with the **student**. Staff and student reviewed the behavior that precipitated the restraint/isolation and the appropriateness of the response.

Name of staff: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

Staff **verbally** reviewed the incident with the **parent/guardian**. Staff and parent/guardian reviewed the behavior that precipitated the restraint/isolation and the appropriateness of the response.

Name of staff: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

The school principal/designee **verbally** reviewed the incident with the **staff member(s)** who administered the restraint/isolation to discuss whether proper procedures were followed. School principal/designee **verbally** discussed what training or support the staff member needs to help the student avoid similar incidents.

Principal/designee signature: \_\_\_\_\_

Notes: \_\_\_\_\_

**Within 2 business days**

Form 3246 (pp. 1 & 2) were submitted to the Director of Special Services within 2 business days.

Yes

No

Notes: \_\_\_\_\_

Director of Special Services signature: \_\_\_\_\_

District Office signature: \_\_\_\_\_

**Within 5 calendar days**

Documentation of Restraint and/or Isolation (pages 1 & 2) was postmarked and sent by the Director of Special Services to the parent/guardian within 5 calendar days.

Yes

No

Notes: \_\_\_\_\_

**Isolation/Restraint entered into Skyward?**  Yes  No