



WVSD #208

RESTRAINT, ISOLATION AND OTHER USES OF REASONABLE FORCE

DOCUMENTATION FORM

This form must be completed each time a restraint and/or isolation is implemented.

DEFINITION OF 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. (RCW 28A.600.485)

DEFINITION OF 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. (RCW 28A.600.485)

Student Name: _____ Status: 504/Health Care Plan Special Edu. General Edu.

Date of restraint/isolation: _____ Setting and School: _____

Beginning Time of Restraint/Isolation: _____ End Time: _____ Duration: _____

Person(s) Completing Form: _____ Job title: _____ Date: _____

A certificated staff member must fill out this form in collaboration with individual(s) involved in the incident.

Person(s) who administered the restraint/isolation: _____ Job title: _____

_____ Job title: _____

_____ Job title: _____

Verbal Notification Provided to Parent/Guardian and District Administrator (MUST be done within 24 hours):

Parent/Guardian notified: _____

Type: phone in person left message Date and time: _____ am/ pm

Principal/Designee who contacted parent: _____ Job title: _____

Restraint & Isolation Form was submitted to the Director of Special Services within 2 business days

yes no Director's Signature: _____

Written Notification Provided to Parent/Guardian and District Administrator (MUST be postmarked within 5 business days):

Date postmarked: _____

Isolation/Restraint entered in Skyward: yes no

1. School personnel involved in incident (additional documentation may be attached if determined necessary).

_____ Job title: _____

_____ Job title: _____

_____ Job title: _____

_____ Job title: _____

2. Specific environmental factors/triggers and student behavior immediately preceding restraint/isolation (explanation of clear and present danger of serious harm to the student or another person, check all that apply).

<p>Description of perceived environmental factors/triggers:</p> <p><input type="checkbox"/> Schedule change <input type="checkbox"/> Demand <input type="checkbox"/> Staffing change <input type="checkbox"/> Sensory <input type="checkbox"/> Transition <input type="checkbox"/> Waiting <input type="checkbox"/> Other (Describe below):</p> <p>Possible setting events:</p> <p><input type="checkbox"/> Lack of medication <input type="checkbox"/> Hunger <input type="checkbox"/> Lack of sleep <input type="checkbox"/> Other (Describe below)</p>	<p>Description of challenging behavior:</p> <p><input type="checkbox"/> Physical Aggression toward: <input type="checkbox"/> peer(s) <input type="checkbox"/> adult(s) <input type="checkbox"/> self</p> <p><input type="checkbox"/> Hit/Kicked/Scratched/Bit <input type="checkbox"/> Hair Pull <input type="checkbox"/> Grabbed <input type="checkbox"/> Spit <input type="checkbox"/> Other (Describe below):</p> <p><input type="checkbox"/> Property Destruction <input type="checkbox"/> Threw/attempted to throw object(s) <input type="checkbox"/> Other (Describe below):</p> <p><input type="checkbox"/> Danger to self (Describe below):</p>
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3. Brief narrative/description of the factors/triggers and student behavior immediately preceding the restraint/isolation.

4. Brief narrative/description of the event, including the restraint/isolation applied.

5. Describe efforts of school personnel to de-escalate the situation prior to the use of physical intervention. (check all that apply). Reflect on prior history of restraint/isolation, if applicable.	
<input type="checkbox"/> Help Strategy <input type="checkbox"/> Prompt Strategy <input type="checkbox"/> Wait Strategy <input type="checkbox"/> Other (Describe below):	Has this behavior occurred before? _____ If yes, then provide previous interventions and de-escalation strategies. Put a + next to strategies and interventions that worked, and – next to strategies and interventions that failed. <input type="checkbox"/> Help Strategy <input type="checkbox"/> Prompt Strategy <input type="checkbox"/> Wait Strategy <input type="checkbox"/> Other (Describe below):

6. Describe the specific physical intervention (check all that apply)	
Physical restraint/escort used: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, check all applicable: Length of time: _____ <input type="checkbox"/> 1-Person Stability Hold <input type="checkbox"/> 2-Person Stability Hold <input type="checkbox"/> Floor Drop Transition <input type="checkbox"/> Floor Seated Stability Hold <input type="checkbox"/> Forward Transport <input type="checkbox"/> Reverse Transport <input type="checkbox"/> Chair Stability Hold <input type="checkbox"/> Couch Stability Hold <input type="checkbox"/> Leg Wrap <input type="checkbox"/> Other:	Isolation: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, check all applicable: Length of time: _____ <input type="checkbox"/> Reverse Evacuation <input type="checkbox"/> Enclosed Room <input type="checkbox"/> Other (Describe below):

7. Describe any injuries to the student(s) or staff member(s). Attach health room records and/or supporting documentation if applicable.	
<p>Student: <input type="checkbox"/> Y <input type="checkbox"/> N Was medical care provided? <input type="checkbox"/> Y <input type="checkbox"/> N Describe:</p> <p>Staff: <input type="checkbox"/> Y <input type="checkbox"/> N Was medical care provided? <input type="checkbox"/> Y <input type="checkbox"/> N Describe:</p>	

8. Required Follow-up Procedures.	
What happened immediately following the restraint/isolation? <input type="checkbox"/> Student returned to class/scheduled activity <input type="checkbox"/> Student returned to class with reduced demands <input type="checkbox"/> Student was sent home. <input type="checkbox"/> Other Additional description of immediate outcome:	<input type="checkbox"/> The incident was reviewed with the student. Date: ____/____/____ Describe: <input type="checkbox"/> The incident was reviewed with staff involved. Date: ____/____/____ By whom: <input type="checkbox"/> The incident was reviewed with parent/guardian. Date: ____/____/____ By whom:

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

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Revised Dates: 02.21; 11.24