

### Documentation of Restraint and/or Isolation

\* This document is required after restraint or isolation with a student on an IEP or 504. 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 school principal/designee 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

**Isolation:** excluding a student from his/her regular instructional area and restricting the student alone within a room or other form of enclosure from which the student may not leave

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

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

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

Name of individual(s) who administered restraint/isolation: \_\_\_\_\_

Job title(s): \_\_\_\_\_

Type of restraint or isolation used: \_\_\_\_\_

Duration of restraint or 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: \_\_\_\_\_

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

**Within 24 hours**

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

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

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

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

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.

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

**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 (page 1) was postmarked and sent by the school principal/designee to the parent/guardian within 5 calendar days.

Yes

No Notes: \_\_\_\_\_