



To complete this form electronically,  
it must be opened in Adobe Reader!

# Isolation/Restraint Report

**ARLINGTON**  
PUBLIC SCHOOLS

**For Administrator/Office Use Only:**

Action Date	<input type="text"/>	Restraint Type	<input type="text"/>	<input type="checkbox"/> Letter Sent	<input type="checkbox"/> Copy to DO	<input type="checkbox"/> Copy to Psych	
Staff injured count:	<input type="text"/>	Student Injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entered into Skyward by:	<input type="text"/>	Date Entered:	<input type="text"/>
Administrator Signature _____				Date	<input type="text"/>	Only if discipline is applicable do you complete the Offense, Action and Incident #:	
				Offense:	<input type="text"/>	Action:	<input type="text"/>
						Incident #	<input type="text"/>

This form is to be completed following any incident involving physical contact to repel, restrain, move, or otherwise safeguard students and/or staff. It is to be completed and signed by the primary staff person involved in the incident and signed by all involved. In the case of injury to any party, immediately contact administration.

- A. Whenever possible and practical, the use of force continuum will be followed. District staff shall only use the degree of force necessary to protect a student, students, or staff from imminent bodily injury, substantial bodily harm, or great bodily harm.
- B. The generally accepted use of force continuum includes, in order:
  1. Staff/School Security Officer presence;
  2. Verbal/Non-verbal communication, de-escalation;
  3. Physical interventions;
  4. Other reasonable force as authorized by RCW 9A.16.020
- C. Appropriate use of force:
  1. Physical force may be used to prevent or minimize imminent bodily injury, substantial bodily harm, or great bodily harm to self or others, or if de-escalation interventions fail or are inappropriate to protect district property from significant property damage.
  2. Consistent with the provisions found in WAC 392-172A-03120, nothing in this policy and procedure precludes the use of reasonable force to control unpredicted spontaneous behavior by a student with an IEP or 504 Plan, when the behavior poses a clear and present danger of serious harm to the student, to another person, or to property, or is serious disrupting the educational process.

Person reporting the incident  Position

Student's name  Date of incident

Does this student have a disability?  Yes  No If yes, specify the disability:   
 504 Plan  Special Education  General Education

Teacher  Grade  School

Does student have a behavior intervention/support plan for this behavior?  Yes  No

Duration of Incident Start Time  End Time  Total Time  Time of day

Time restraint began  Time restraint ended  Total restraint time

Time isolation began  Time isolation ended  Total isolation time

Location:  Classroom  Outside  Lunchroom/Commons  Office  
 Bus  Hallway  Other (specify) \_\_\_\_\_

Injuries: Any complaint of pain by anyone involved in the incident?  No  Yes

Explain (including by whom and any response) \_\_\_\_\_

Were there any injuries apparent to any individuals involved?  No apparent injuries  Yes (Complete the Incident/Accident Report Form)

Was the student's behavior self-injurious or was he/she threatening to harm him/herself?  Yes  No  
or others?  Yes  No

Did the student damage valuable property?  Yes  No Estimated Value: \$

Identify the nature of the physical harm or property destruction:

Restraint hold(s) used:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Avoidance           | <input type="checkbox"/> Scratch/Pinch Release           | <input type="checkbox"/> CPI Interim Control Position                 |
| <input type="checkbox"/> Protect from Kick   | <input type="checkbox"/> Bear Hug Release                | <input type="checkbox"/> CPI Team Control Position                    |
| <input type="checkbox"/> Protect from Strike | <input type="checkbox"/> Choke Release                   |   |
| <input type="checkbox"/> Arm/Wrist Release   | <input type="checkbox"/> Bar Arm Choke Release           | <input type="checkbox"/> <b>Emergency Children's Control on Floor</b> |
| <input type="checkbox"/> Bite Release        | <input type="checkbox"/> CPI Transport Technique         | <input type="checkbox"/> <b>Emergency Knee Procedure</b>              |
| <input type="checkbox"/> Hair Pull Release   | <input type="checkbox"/> CPI Children's Control Position | <input type="checkbox"/> <b>Emergency Floor Procedure</b>             |

Parent Notified: (within 24 hours)  In Person  Email  Phone Call Date Contacted:  Time

Written notification sent to parent/guardian (within 5 business days) Date

What had staff done prior to the restraint as an attempt to de-escalate the student?

- |  |  |
|--|--|
| <input type="checkbox"/> Verbally redirected the student to alter his/her behavior               | <input type="checkbox"/> Changed the activity        |
| <input type="checkbox"/> Spoke to the student outside the classroom                              | <input type="checkbox"/> Discontinued the activity   |
| <input type="checkbox"/> Relocated the student in the classroom                                  | <input type="checkbox"/> Changed the assignment      |
| <input type="checkbox"/> Requested that the student take a "time out"                            | <input type="checkbox"/> Discontinued the assignment |
| <input type="checkbox"/> Requested that other staff manage the student                           | <input type="checkbox"/> Moved away from the student |
| <input type="checkbox"/> Verbally praised the student for demonstrating de-escalation techniques | <input type="checkbox"/> Contacted the office        |
| <input type="checkbox"/> Reminded student of incentive for demonstrating appropriate behavior    | <input type="checkbox"/> Clarified the expectations  |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Removed other students      |

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

Was student told restraint would be used if violence did not stop?  Yes  No  No Time

Description of Incident - To be completed by the primary staff person involved in the incident.

Incident:

Behavior prior to incident:

Behavior after incident:

Functional Behavioral Analysis/Behavior Intervention Plan Needed?     Yes     No

Staff Involved:

	<input type="checkbox"/> Teacher	<input type="checkbox"/> Administrator	<input type="checkbox"/> Participant	<input type="checkbox"/> CPI Trained	
	<input type="checkbox"/> Para Educator	<input type="checkbox"/> Other	<input type="checkbox"/> Participant		

	<input type="checkbox"/> Teacher	<input type="checkbox"/> Administrator	<input type="checkbox"/> Participant	<input type="checkbox"/> CPI Trained	
	<input type="checkbox"/> Para Educator	<input type="checkbox"/> Other	<input type="checkbox"/> Participant		

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	<input type="checkbox"/> Para Educator	<input type="checkbox"/> Other	<input type="checkbox"/> Participant		

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	<input type="checkbox"/> Para Educator	<input type="checkbox"/> Other	<input type="checkbox"/> Participant		