



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

PHYSICAL RESTRAINT AND TIME OUT FORM

Instructions: Per 23 IAC 1.285(f)(1), a written record of each event involving a time out or physical restraint must be maintained in the student's temporary record. Public school districts, private special education schools, special education cooperatives, charter schools, regional safe school programs, and any other educational program serving Illinois public school students must complete this form in its entirety. Written parent notification must occur within 24 hours of the incident. Within two business days, serving entities must enter the data into ISBE's Student Information System (SIS).

STUDENT NAME	DATE OF BIRTH	GRADE
RACE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	
HOME SCHOOL	DISTRICT	
SERVING LOCATION	<input type="checkbox"/> District School or Program <input type="checkbox"/> Cooperative Program <input type="checkbox"/> Non-Public Special Education Facility	

Does the student have an IEP? Yes No If yes, what is the disability category _____

Does the student have a 504 Plan? Yes No

Document the incident(s) that occurred on a single day. Multiple forms may be used instead.

Incident #1	Incident #2	Incident #3	Incident #4
<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Physical Restraint
<input type="checkbox"/> Isolated Time Out	<input type="checkbox"/> Isolated Time Out	<input type="checkbox"/> Isolated Time Out	<input type="checkbox"/> Isolated Time Out
<input type="checkbox"/> Time Out	<input type="checkbox"/> Time Out	<input type="checkbox"/> Time Out	<input type="checkbox"/> Time Out
Date of Incident:	Date of Incident:	Date of Incident:	Date of Incident:
Time Started:	Time Started:	Time Started:	Time Started:
Time Ended:	Time Ended:	Time Ended:	Time Ended:
Total Minutes:	Total Minutes:	Total Minutes:	Total Minutes:
Location:	Location:	Location:	Location:

Check Reason for Restraint or Time Out:

- Imminent Danger of Serious Physical Harm to Self**
- Imminent Danger of Serious Physical Harm to Staff**
- Imminent Danger of Serious Physical Harm to Other Student(s)**

1. A description of events leading up to the incident:

2. A description of the interventions used prior to implementation of isolated time out, time out or physical restraint (e. g., directives used, removed the trigger, use of proximity control, etc.)

3. A description of the incident or student behavior that resulted in isolated time out, time out, or physical restraint (this should be the behavior that posed an imminent danger to self or others):

4. For isolated time out, a description of the rationale for why the needs of the student could not have been met by a less restrictive intervention and why an adult could not be present in the time out room

5. Type of physical restraint used (check all that apply for incident)

- | | |
|---|---|
| <input type="checkbox"/> 1-person hold in standing position | <input type="checkbox"/> 1-person hold in seated position |
| <input type="checkbox"/> team hold in standing position | <input type="checkbox"/> team hold in seated position |
| <input type="checkbox"/> supine restraint | <input type="checkbox"/> prone restraint |
| <input type="checkbox"/> other _____ | |

6. Attach behavior log of student behavior during isolated time out, time out, and/or restraint and any interaction between the student and staff.

7. Evaluation by Certified or Trained Staff Member

If an episode of isolated time out or time out exceeds 30 minutes or a physical restraint exceeds 15 minutes or if repeated episodes occur during any three hour time period, a certified staff person knowledgeable about the use of time out or trained in the use of physical restraint must evaluate the situation.

Certified or trained staff member evaluating the situation: _____

Time of evaluation: _____

Did the student require:

nourishment Yes No

medication Yes No

use of restroom Yes No

need for alternate strategies

- assessment by mental health crisis team
- assistance from police
- transportation by ambulance
- other _____

Was the time out or restraint able to be safely continued? Yes No

8. Were there any injuries to student or staff or others? Yes No

If yes, evaluated by: _____

Description of injuries:

9. Was there property damage: Yes No

If yes, describe:

10. Description of any planned approach to dealing with the student's behavior in the future, including any de-escalation methods or procedures that may be used to avoid the use of time out or physical restraint:

- Continue IEP
- Develop a BIP
- Refer to Problem-solving Team
- Other _____

11. School personnel who participated in the implementation, monitoring, and supervision of time out or restraint.

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

12. Parent Notification:

Required Written Parent Notification

Phone call, if occurred

Date _____

Date _____

Time _____

Time _____

Method _____

Date data was submitted into state reporting system: _____ By whom: _____

Copies of the form and attached behavior log to be kept in the temporary file.

Parents who wish to file a state complaint regarding the use of time out, isolated time out, or physical restraint can submit the complaint to restrainttimeout@isbe.net.