

PARENT NOTIFICATION FORM
PHYSICAL RESTRAINT/ISOLATED TIME-OUT

Name of student: _____

Date of Incident: _____

Length of isolated time-out/physical restraint: _____

School Personnel Involved: _____

Type of Restraint (if used): _____

Brief description of event: (include events leading up to ITO/restraint; interventions used prior to ITO/restraint; any injuries to staff/student)

Contact Person: _____

School: _____ **Phone:** _____

Notification to parent within 24 hours of isolated time-out/physical restraint. Attach a copy of this form to the documentation form.

CC: *student temporary record*
Designated school official



Dr. Hassan von Schlegell, Executive Director
Lockport Area Special Education Cooperative
1343 East 7th Street
Lockport Illinois 60441
Office- (815) 838-8080
Fax - (815) 838-8086

LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

EMERGENCY BEHAVIORAL INTERVENTION REPORT

Student Name:

School:

Grade/Class:

Teacher:

Person Completing this Report:

Date/Time Incident:

Date/Time/Method of Communication to Parent:

1. Describe in detail the incident that required emergency intervention, including location, events, and participants.
2. Describe the emergency interventions used, including all staff involved.
3. Describe the student's response to the emergency intervention.
4. Describe any injuries and/or property damage.
5. Describe any previous incident(s) leading to the present event, including date/time.
6. Recommendations for avoiding similar incidents in the future.



Dr. Hassan von Schlegell, Executive Director
 Lockport Area Special Education Cooperative
 1343 East 7th Street
 Lockport, Illinois 60441
 Office- (815) 838-8080
 Fax - (815) 838-8086

LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

Student Evaluation during Physical Restraint or Isolated Time Out

Student Name: _____ Date: _____ Time: _____

This form is to be completed by a certified staff member knowledgeable about the use of isolated time out or trained in physical restraint upon any of the following occurrences:

- *An episode of physically restraint exceeds 15 minutes*
- *An episode of isolated time out exceeds 30 minutes*
- *Repeated physical restraints or isolated time outs have occurred within a 3 hour period*

Please circle responses and complete as appropriate.

Evaluation of: Physical Restraint or Isolated Time Out

Start Time of Physical Restraint or Isolated Time Out: _____

Is it still appropriate to continue to use the current intervention? Y N

Does the student need any of the following?

- | | | |
|---|---|---|
| <input type="radio"/> Medication | Y | N |
| <input type="radio"/> Nourishment | Y | N |
| <input type="radio"/> Use of restroom | Y | N |
| <input type="radio"/> Alternative strategies
(ex. SASS, ambulance) | Y | N |

If yes to any of the above, please specify course of action:

Specify the course of action as the result of this evaluation:

Staff Member's Signature: _____