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

THOMAS E. BRIM, JR., EXECUTIVE DIRECTOR
LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE
1343 EAST 7TH STREET
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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.

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ISOLATED TIME-OUT/PHSYICAL RESTRAINT

Documentation Form

Isolated Time-Out/Restraint (circle one)

Student Name: ____

Time Started: _______ **Time Completed:**____________ **Date of Incident:**________________

Name(s) of staff involved: ____

Describe physical restraint:

Describe events leading up to behavior and interventions attempted:

Describe the incident/behavior that led to the following log below:

Identified who completed verbal mediation and the plan or alternatives discussed to prevent further incidences:

	LOG OBSERVABLE STUDENT BEHAVIOR/STAFF RESPONSE	
TIME	BEHAVIOR	STAFF

Description of injuries:

CC: **student's temporary record/designated school official**

ATTACH A COPY OF THE PARENT NOTIFCATION FORM SENT (send within 24 hrs.)

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Student Evaluation during Physical Restraint or Isolated Time Out

Student Name: ______________________________ Date: ____________ Time: ________

This form is to be completed by <u>a certified staff member</u> 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?

o Medication	Y	N
o Nourishment	Y	N
o Use of restroom	Y	N
o 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: ____