



1601 Avenue D, Snohomish, WA 98290-1799  
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## Restraint and Isolation Report

Date of Incident	Click or tap to enter a date.	Date of Report	Click or tap to enter a date.	
IEP or 504	Choose an item.	School	Choose an item.	
Student Name	Click or tap here to enter text.		DOB	Click or tap here to enter text.

Enter all incidents of isolation and restraint that took place on the date above:

Isolation Type	Choose an item.	Start time		End time		Duration	
Isolation Type	Choose an item.	Start time		End time		Duration	
Isolation Type	Choose an item.	Start time		End time		Duration	
Restraint Type	Choose an item.	Start time		End time		Duration	
Restraint Type	Choose an item.	Start time		End time		Duration	
Restraint Type	Choose an item.	Start time		End time		Duration	
Restraint Type	Choose an item.	Start time		End time		Duration	
Restraint Type	Choose an item.	Start time		End time		Duration	

Incident reviewed with Student:	Choose an item.	Name of staff doing review:	Click or tap here to enter text.
Physical Injury to <b>Student</b> :	Choose an item.	If yes, describe medical care below:	
Click or tap here to enter text.			
Physical Injury to <b>Staff</b> :	Choose an item.	If yes, describe medical care below:	
Click or tap here to enter text.			
Number of <b>Staff</b> Injured:			

**Describe the behavior precipitating restraint/isolation:**

Click or tap here to enter text.

**Name, Signature and Job Title of Staff member(s) Involved:**

Name	Signature	Job Title	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. **Date** School Administrator/Principal Notified: Click or tap to enter a date.  
 Principal Informed in writing within 2 days? Choose an item.  
 Comment: Click or tap here to enter text.

2. **Date** Written Report Submitted to District: Click or tap to enter a date.

3. **Date** Student’s Parent/Guardian Verbally Notified: Click or tap to enter a date.  
 Parent/Guardian verbally informed within 24 hours? Choose an item.  
 Comment: Click or tap here to enter text.

4. **Date** Student’s Parent/Guardian Sent Written Notification: Click or tap to enter a date.  
 Report Sent to Parent/Guardian within 5 days? Choose an item.

\_\_\_\_\_  
**Signature of Principal/Designee**

\_\_\_\_\_  
**Date**