



PHYSICAL RESTRAINT/ISOLATED TIMEOUT INCIDENT REPORT

Student Name: _____ Date: _____ Begin Time: _____

Staff Member Completing Form: _____ End Time: _____

List of Staff Involved:

Description of incident or student behavior that resulted in restraint or isolated time out:

Interventions used prior to restraint or isolated time out:

Log of student behavior during physical restraint or isolated time out (include a description of the restraint technique(s) used and interaction between student and staff):

Description of any injuries or property damage:

Planned approach to dealing with student's behavior in the future:

To be completed by the administrator:

Date of parental notification: _____

Administrator Signature: _____

Date: _____