



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: _____