



Kennewick School District
1000 W. 4th Ave
Kennewick, WA 99336
509-222-5000

Documentation of Restraint/Isolation

Student Name _____ **Student Number:** _____

Gender _____ **Ethnicity** _____ **DOB** _____ **Age** _____

Date of Incident _____ **Time of Incident** _____

School _____ **Grade** _____ **Duration** _____

Type of Restraint:

- Physical/Physical Restraint Therapeutic Holding/Safe Child Hold/Assistance Hold Weighted Blanket
- Pepper Spray Seat Belt Taser Handcuffs

Type of Isolation:

- Time out Quiet Room Safe Room De-escalation room Seclusion Room Intervention Room Calming Room
- Outside of classroom Isolation Room Gym Mat Nurse's Office Counselor's Office Conference Room
- Classroom Closet Hallway Bus/Car Other _____

Description of activity leading to the incident*: _____

Name of staff who administered isolation/restraint _____ **Title of staff** _____

- Were **students** injured during the instance of **restraint**? Yes No **Isolation?** Yes No
- Were **staff** injured during the instance of **restraint**? Yes No **Isolation?** Yes No
- Student has a 504 plan? Yes No Student has an IEP? Yes No

Medical care provided to the injured party: _____

Parent verbally notified within 24 hours by _____

Parental Notification Date _____ Time _____

Recommendations made to avoid similar incidents: _____

Signature/Title of Person Making the Report _____ **Date** _____

*Attach an additional page if necessary for further explanation

Administrator Signature _____ **Date** _____

Send copy to SPED (Matt Scott) and K-12 (Jack Anderson)



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****Additional Description of Activity leading to incident:***

****Additional recommendations made to avoid similar incidents:***