

Kennewick School District Special Services
1000 W. 4th Ave
Kennewick, WA 99336

Documentation of Restraint/Isolation

Student Name _____ DOB _____

Date of Incident: _____ Time of Incident: _____

Type of Restraint/Isolation:

Physical Restraint Mechanical restraint Isolation

Duration: _____

Description of activity leading to the incident:

Name/Title of staff who administered isolation/restraint _____

Were students injured during the instance of isolation or restraint? Yes No

Were staff injured during the instance of isolation or restraint? 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 _____ Date _____ Time _____

Recommendations made in order to avoid similar incidents:

Signature/Title of Person Making the Report Date _____

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