



Documentation of Restraint/Isolation

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

Student Name					Student Number		
Gender	Ethnicity	English Learner	DOB	Age			
Date of Incident					Time of Incident		
School					Grade		
Type of Restraint	Other				Duration of Restraint		
Type of Isolation	Other				Duration of Isolation		

Description of the Incident (Please include events/conditions leading up to the incident, the behavior which warranted the use of isolation and/or restraint, and what contributed to the student's de-escalation):

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

Were **Students** injured during the **restraint**? _____ **Isolation?** _____

Were **Staff** injured during the **Restraint**? _____ **Isolation?** _____

Student has a 504 Plan? _____ Student has an IEP? _____

Medical care provided to the injured party: _____

Parent verbally notified within 24 hours by: _____ Title: _____

Parent Notification Date: _____ Time: _____

Written Notice Mailed Home Date: _____

Recommendations made to avoid similar incidents:

Signature/Title of Person Making Report *Attache an additional page if necessary for explanation

Date

Administrator Signature

Date

Entered into PowerSchool By

Date

Additional description of activity leading to the incident:

Additional recommendations made to avoid similar incidents: