



# IROQUOIS SPECIAL EDUCATION ASSOCIATION

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## Incident Report for Physical Restraint or Isolated Time Outs

Student: \_\_\_\_\_ Person Completing Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time Intervention Began: \_\_\_\_\_ Time Ended: \_\_\_\_\_

Location of Intervention: \_\_\_\_\_

Staff Involved: \_\_\_\_\_

Description of events leading to the incident and student behavior requiring physical restraint or isolated time out: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of attempts by staff to deescalate situation:

_____ Warning	_____ Directive Statements	_____ Other (specify)
_____ Changed seat/group	_____ Planned Ignoring	_____
_____ Contingent Observation	_____ Program/Activity Change	_____
_____ Time Away	_____ Prompting	_____
_____ Limitation of Space	_____ Help Offered/Given	_____
_____ Proximity Control	_____ Called for Assistance	_____

Description of Injuries (to student, staff, others) or property damage:

\_\_\_\_\_  
\_\_\_\_\_

Recommendations for changes in approach and/or what follow up was conducted with the student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Written Notification to Parent: \_\_\_\_\_ By Whom: \_\_\_\_\_

## Log of Student's Behavior

Log the time and the student's behavior during physical restraint/ISO including interactions between the student and staff and the student's reactions to the intervention.

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### Evaluation by Certified Staff Member

If an episode of physical restraint exceeds 15 minutes or if repeated physical restraints occur during any three hour time period or if an isolated time out exceeds 30 minutes, a certified staff member knowledgeable about restraint and ITO must evaluate the situation.

Certified Staff Member evaluating the situation: \_\_\_\_\_

Time of Evaluation: \_\_\_\_\_

Reason for Evaluation: \_\_\_\_\_

Does the student require:	food/water	Yes _____	No _____	
	medication	Yes _____	No _____	
	use of restroom	Yes _____	No _____	
	alternate strategies	Yes _____	No _____	(specify _____)

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Can the continued restraint be safely implemented:                      Yes \_\_\_      No \_\_\_

Evaluation Decision: \_\_\_\_\_  
\_\_\_\_\_

CC: Principal  
Student file

