



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

PHYSICAL RESTRAINT AND TIME OUT FORM

Instructions: Per 23 IAC 1.285(f)(1), a written record of each event involving a time out or physical restraint must be maintained in the student's temporary record. Public school districts, private special education schools, special education cooperatives, charter schools, regional safe school programs, and any other educational program serving Illinois public school students must complete this form in its entirety. Written parent notification must occur within 24 hours of the incident. This completed form must be sent to ISBE within 48 hours to restrainttimeout@isbe.net.

STUDENT NAME	DATE OF BIRTH	GRADE
SCHOOL	DISTRICT	
RACE	GENDER	

Does the student have an IEP? Yes No If yes, what is the disability category _____

Does the student have a 504 Plan? Yes No

Physical Restraint Time Out Date of Restraint: _____

Time Restraint Started: _____ Time Restraint Ended: _____ Total Time: _____

Location of Restraint: _____

Date of Time Out: _____ Time Started: _____ Time Ended: _____ Total Time: _____

Location of Time Out: _____

Check Reason for Restraint or Time Out:

- Imminent Danger to Self
 Imminent Danger to Others (Student Staff)

1. Events leading up to the incident:

2. Interventions used prior to implementation of time out or physical restraint (e.g, directives used, removed the trigger, use of proximity control, etc.)

3. Describe the incident or student behavior that resulted in physical restraint (this should be the behavior that posed an imminent threat to self or others):

4. Describe the physical restraint used (check all that apply for incident)

- 1-person child hold in seated position
- 1-person child hold in standing position
- team hold in seated position
- team hold in standing position
- other _____

5. Attach behavior log of student behavior during time out and restraint and any other interaction between the student and staff.

6. Were there any injuries to student or staff or others? Yes No

Describe: _____

7. Date and time evaluated by nurse: _____ Nurse Signature: _____

Nurse Comments:

8. Was there property damage: Yes No

If yes, describe: _____

9. Evaluation by Certified or Trained Staff Member

If an episode of time out exceeds 30 minutes or a physical restraint exceeds 15 minutes or if repeated episodes occur during any three hour time period, a certified staff person knowledgeable about the use of time out or trained in the use of physical restraint must evaluate the situation.

Certified or Trained Staff Member Evaluating the situation: _____

Time of Evaluation: _____

- Did the student require:
- food/water Yes No
 - medication Yes No
 - use of restroom Yes No
 - adjustment in position Yes No (specify: _____)
 - Need for alternate strategies
 - assessment by mental health crisis team
 - assistance from police
 - transportation by ambulance
 - other _____

Was the time out or restraint able to be safely continued? Yes No

Evaluator Notes:

10. Signatures of school personnel who participated in the implementation, monitoring, and supervision of time out or restraint.

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

11. Parent Notification: Phone call Email Other Required Written Parent Notification

Date: _____ Time: _____

12. Was a postvention meeting held with the student to process the events leading up to the incident, to develop alternative solutions, and to plan for re-entry into his/her routine: Yes No

By Whom: _____

13. Date and time of the Team Meeting scheduled within 48 hours to discuss recommended changes in approach or follow-up needed:

Date of Team Meeting: _____

Time of Team Meeting: _____

Attendees:

_____	_____
_____	_____
_____	_____
_____	_____

14. Future actions to be taken:

15. If 3rd Incident of Restraint or Time Out, team decided to:

Refer for Problem-Solving Team Meeting (if not eligible for special education) to determine the extent to which additional or different interventions or supports or service may be needed

Refer for a Domain Meeting (if not eligible for special education or Section 504 but the team suspects behaviors may be related to a disability)

Schedule an IEP or 504 Review Meeting (if already eligible) to determine if additional interventions or supports are needed, if current interventions are being properly implemented, and to remedy any denial of FAPE that resulted from the school's use of restraint or time out.

Other: _____

Date data was submitted into state reporting system: _____ By Whom: _____

Copies of Physical Restraint Form, Behavior Log, and Parent Letter to be filed in School Office Temporary File and submitted to Designated School Administrator.