



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, isolated time out, or physical restraint must be maintained in the student's temporary record. Public school districts, nonpublic special education facilities, 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. A copy of this form, along with other required documents, must be sent to the student's parent/guardian within one business day after the incident. **Within two business days, serving entities must enter the data into ISBE's Student Information System (SIS). Please DO NOT mail a physical copy of this form to ISBE.**

STUDENT NAME	DATE OF BIRTH	ISBE STUDENT ID
HOME SCHOOL	DISTRICT	
SERVING LOCATION	<input type="checkbox"/> District School or Program <input type="checkbox"/> Cooperative Program <input type="checkbox"/> Nonpublic Special Education Facility	

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

Does the student have a 504 Plan? Yes No

Document the incident(s) that occurred on a single day. If an incident occurs more than 30 minutes after the conclusion of the previous event, please complete a separate form for the new incident. Multiple forms may be used instead.

Incident #1	Incident #2	Incident #3	Incident #4
<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Physical Restraint	<input type="checkbox"/> Physical Restraint
<input type="checkbox"/> Isolated Time Out	<input type="checkbox"/> Isolated Time Out	<input type="checkbox"/> Isolated Time Out	<input type="checkbox"/> Isolated Time Out
<input type="checkbox"/> Time Out	<input type="checkbox"/> Time Out	<input type="checkbox"/> Time Out	<input type="checkbox"/> Time Out
Date of Incident:	Date of Incident:	Date of Incident:	Date of Incident:
Time Started:	Time Started:	Time Started:	Time Started:
Time Ended:	Time Ended:	Time Ended:	Time Ended:
Total Minutes:	Total Minutes:	Total Minutes:	Total Minutes:
Location:	Location:	Location:	Location:

Check Reason for Restraint or Time Out:

- Imminent Danger of Serious Physical Harm to Self
- Imminent Danger of Serious Physical Harm to Staff
- Imminent Danger of Serious Physical Harm to Other Student(s)
- Other: _____

1. Describe events leading up to the incident:

2. Describe the interventions used prior to implementation of isolated time out, time out or physical restraint and why they were deemed ineffective or deemed inappropriate (e. g., directives used, removed the trigger, use of proximity control, etc.).

3. Describe the incident or student behavior that resulted in isolated time out, time out, or physical restraint (this should be the behavior that posed an imminent danger to self or others).

4. For isolated time out, describe the rationale for why the needs of the student could not have been met by a less restrictive intervention and why an adult could not be present in the time out room.

5. Type of physical restraint used (check all that apply for incident)

- | | |
|---|---|
| <input type="checkbox"/> 1-person hold in standing position | <input type="checkbox"/> 1-person hold in seated position |
| <input type="checkbox"/> Team hold in standing position | <input type="checkbox"/> Team hold in seated position |
| <input type="checkbox"/> Supine restraint | <input type="checkbox"/> Prone restraint |
| <input type="checkbox"/> Other _____ | |

6. Attach behavior log of student behavior during isolated time out, time out, and/or restraint and any interaction between the student and staff.

7. Evaluation by Certified or Trained Staff Member

If an episode of isolated time out or 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: _____

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

The Certified or Trained staff member should also be listed with the participants in Question 12 on this form.

8. Did the student have access to nourishment, medication, and restrooms:

- | | |
|-----------------|--|
| Nourishment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Use of restroom | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Did the student require:

- | | |
|------------------|--|
| Nourishment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Use of restroom | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Clothing removed | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Time out space:

- Visual monitor
- Room construction
- Door composition/lock/block
- Space large enough

Need for alternate strategies:

- Assessment by mental health crisis team
- Assistance from police
- Transportation by ambulance
- Other _____

For students who require the use of their hands to communicate such as the use of sign language, augmentative and alternative communication, or another way of nonverbal communication, was the student able to freely use their hands to communicate with staff during the event? Yes No N/A

For students who require the use of assistive technology to communicate with others, did the student have access to such devices as indicated in their IEP? Yes No N/A

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

If yes, evaluated by: _____

Describe injuries.

10. Was there property damage? If yes, describe. Yes No

11. Describe any planned approach to dealing with the student's behavior in the future, including any de-escalation methods or procedures that may be used to avoid the use of time out or physical restraint:

- Continue IEP
- Develop a BIP
- Refer to Problem-solving Team
- Other _____

12. School personnel who participated in the implementation, monitoring, and supervision of time out or restraint.

Event Participant	Evaluation Participant		Participant trained?
<input type="checkbox"/>	<input type="checkbox"/>	Name _____ Title _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Name _____ Title _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Name _____ Title _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Name _____ Title _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Name _____ Title _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Parent/Guardian Notification

Same Day Parent/Guardian Notification:

Date _____

Time _____

Method _____

ISBE Form 11-01 Sent:

Date _____

Time _____

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

Copies of the form and attached behavior log to be kept in the temporary file.

Please note that per 105 ILCS 5/10-20.33(g) and 105 ILCS 5/34-18.20(g), following each incident of isolated time out, time out, or physical restraint, but no later than 2 school days after the incident, the principal or another designated administrator shall notify the student's parent or guardian that he or she may request a meeting with appropriate school personnel to discuss the incident. Parents who wish to file a state complaint regarding the use of time out, isolated time out, or physical restraint can submit the complaint to restrainttimeout@isbe.net.