



# 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. Multiple forms may be used.

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. Was there any device or equipment used in relation to the physical restraint to restrict a student's movement?

- Yes    No

8. If yes to question 7, please describe the device or equipment used in relation to the physical restraint.

9. If yes to question 7, Please describe how the device or equipment assisted or was used.

10. If yes to question 7, was the equipment or device used for any of the following reasons:

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | a. to treat a student's medical needs  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | b. protect a student known to be at risk of injury resulting from a lack of coordination or frequent loss of consciousness   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | c. position a student with physical disabilities in a manner specified in the student's individualized education program, federal Section 504 plan, or other plan of care        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | d. provide a supplementary aid or service or an accommodation, including, but not limited to, assistive technology that provides proprioceptive input or aids in self-regulation |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | e. promote student safety in vehicles used to transport students   |

11. 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 16 on this form.

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

Did the student require:

- Nourishment  Yes  No
- Medication  Yes  No
- Use of restroom  Yes  No

- Nourishment  Yes  No
- Medication  Yes  No
- Use of restroom  Yes  No
- Clothing removed  Yes  No

Time out space:

Need for alternate strategies:

- Visual monitor  Yes  No
- Room construction  Yes  No
- Door composition/lock/block  Yes  No
- Space large enough  Yes  No

- Assessment by mental health crisis team  Yes  No
- Assistance from police  Yes  No
- Transportation by ambulance  Yes  No
- 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

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

If yes, evaluated by: \_\_\_\_\_

Describe injuries.

14. Was there property damage?  Yes  No

If yes, describe.

15. 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 \_\_\_\_\_

16. 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

17. 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.

**Parent Notice:**

- *You have a right to request a meeting with school staff to discuss the incident detailed here. You must request the meeting within 10 days of receiving this notice.*
- *If you request a meeting, it should be held within two days of your request, unless you request a different day. The school must hold a meeting at a date and time convenient for you. The school may not schedule or reschedule a meeting based upon their availability.*
- *The meeting may be in person, by phone, or virtual.*
- *If you wish to submit a complaint or request assistance at no cost to you, you may contact the Illinois State Board of Education at 217-785-5585 or by emailing [restrainttimeout@isbe.net](mailto:restrainttimeout@isbe.net).*