



## Physical Restraint & Time-Out Review

Reviewer(s):	
Staff who completed RTO form:	
Student Name:	
Incident Date:	
Review Date:	

### Section 1: Student Information

Documented:	Status	Notes & changes needed
Student's full name	* ▾	
Student SIS ID number (not district #)	* ▾	
Grade Level	* ▾	
DOB	* ▾	
IEP or 504	* ▾	

### Section 2: Incident Information (Single or Multiple on same form)

Documented:	Status	Notes & changes needed
Type of Incident	* ▾	
Date	* ▾	
Times (start & finish)	* ▾	
Total Minutes	* ▾	
Location	* ▾	
Reason for Restraint	* ▾	

## Section 3: Incident

Documented:	Status	Notes & changes needed
Antecedent (events leading up to incident)	* ▾	
Interventions used prior to incident	* ▾	
Incident or behavior that resulted in use of RTO	* ▾	
Isolated time-out justification	* ▾	
Type of restraint marked	* ▾	
Questions 6, 7, 8, 9, 10 answered	* ▾	
Evaluation needed	* ▾	
Evaluation completed	* ▾	
Question 12 fully documented	* ▾	
Injuries to anyone	* ▾	
Property damage	* ▾	
Future plans	* ▾	

## Section 4: Participants & Notification

Documented:	Status	Notes & changes needed
All names & titles listed	* ▾	
Event and/or Evaluation marked	* ▾	
Participants training marked	* ▾	
Parent/Guardian notified same day	* ▾	
Form sent to parent/guardian within 24 hours	* ▾	

## Section 4: Participants & Notification

Documented:



Status



Notes & changes needed

Form emailed to Kim  
Mueller for SIS logging

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**Additional Notes/ Comments:**

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