

100 North First Street
Springfield, Illinois 62777-0001

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 incidents that occurred over the course of a single event. Multiple forms may be used.

Incident #1	Incident #2	Incident #3	Incident #4
<input type="checkbox"/> Physical Restraint <input type="checkbox"/> Isolated Time Out <input type="checkbox"/> Time Out	<input type="checkbox"/> Physical Restraint <input type="checkbox"/> Isolated Time Out <input type="checkbox"/> Time Out	<input type="checkbox"/> Physical Restraint <input type="checkbox"/> Isolated Time Out <input type="checkbox"/> Time Out	<input type="checkbox"/> Physical Restraint <input type="checkbox"/> Isolated 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 a Trained Staff Member (if applicable)

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 a three-hour time period, an adult trained in compliance with 23 Ill. Admin Code 1.285 (h) must assess whether the student has ceased presenting the specific behavior for which the time out, isolated time and/or physical restraint was imposed.

In no event shall supine physical restraint last longer than 30 minutes unless continuation is authorized by a school administrator.

Name of Trained Adult Evaluating the situation: _____

Time the Evaluation occurred: _____

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

The Evaluating Adult should also be listed with the participants in Question 16 on this form.

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

Did the student require:

Nourishment Yes No

Nourishment Yes No

Prescribed medication Yes No N/A*

Prescribed medication Yes No N/A*

Use of restroom Yes No

Use of restroom Yes No

Clothing removed Yes No

Need for alternate strategies:

Visual monitor Yes No

Assessment by mental health crisis team Yes No

Room construction Yes No

Assistance from police Yes No

Door composition/lock/block Yes No

Transportation by ambulance Yes No

Space large enough 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

** The individual filling out the 11-01 Form should select the "yes" box if the student is prescribed medication and has access to prescribed medication during the physical restraint, time out, and/or isolated time out. If the student is prescribed medication but did not have access to the prescribed medication during the physical restraint, time out, or isolated time out, the individual should select "no." Finally, if the student is not prescribed medication, then the individual completing the form should select "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:

By whom: _____
 Date: _____
 Time: _____
 Method: _____

ISBE Form 11-01 Sent:

By whom: _____
 Date: _____
 Time: _____
 Method: _____

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.

- i. Copy of RTO Bill of Rights provided to parent/guardian? Yes No
- ii. Procedural Safeguards provided to parent/guardian? Yes No
- iii. Information on Filing a State Complaint and the State Complaint Process provided to parent/guardian? Yes No
- iv. Information on how to request a Section 504 or special education evaluation for students without an IEP or 504 plan, or for students with a 504 plan who may require services beyond accommodations? Yes No

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) 782-5270 or by emailing restrainttimeout@isbe.net.*