



Illinois State Board of Education

Physical Restraint and Time Out Form Completion and Data Reporting

Guidance for completing required documentation pursuant to the
Illinois Administrative Code (23 IAC 1.285)

Recorded Thursday July 23, 2020

Purpose

- To offer guidance to schools and staff on how to complete the Physical Restraint and Time Out Form and report instances to ISBE
- To ensure records are clear, objective, and accurate.
- ❖ Link to the ISBE Physical Restraint and Time Out Form:
<https://www.isbe.net/Documents/11-01-Physical-Restraint-Time-Out-Form.pdf#search=physical%20restraint%20and%20time%20out%20form>
- ❖ Link to the Illinois Administrative Code Title 23 Section 1.285:
<https://www.ilga.gov/commission/jcar/admincode/023/023000010B0285OR.html>



Student Demographic Information

| | | | |
|------------------|--|--|-------|
| STUDENT NAME | | DATE OF BIRTH | GRADE |
| RACE | | GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| HOME SCHOOL | | DISTRICT | |
| SERVING LOCATION | | <input type="checkbox"/> District School or Program <input type="checkbox"/> Cooperative Program <input type="checkbox"/> Non-Public 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

- Student Name: Fill in the student's **legal** First and Last Name as is stated on school records. Avoid initials and nicknames.
- Record the student's full date of birth mm-dd-yyyy
- Record the student's grade
- Identify race and gender as indicated by student records.
- Serving Location: If the student attends school at a location other than the home school, please identify serving school and location if applicable. Example:
Cooperative A- ABC school/program OR Non-public SPED Facility B- ABC campus
- If the student has an IEP fill in the primary IDEA disability category



Incident Details

Document the incident(s) that occurred on a single day. 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: |

- You may record up to 4 separate instances on 1 form if they occur on the **same day**. You can also choose to use different forms.
- Fill in full date (mm/dd/yy) and start/end times (hh:mm)
- If restraint and time out are used in the same “episode,” record them as incident #1 and #2 (up to #4) in the order in which the interventions occurred.
- Time out: indicate if the time out was “isolated” pursuant to regulations
- Location: physical location of the intervention (i.e. classroom, hallway, playground, parking lot, time out room, etc.)



Reason for Restraint or Time Out

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)

- Check the box which corresponds to the type of imminent danger which led to the restraint or time out.
- This refers to the behavior that directly influenced the decision to use restrictive intervention.

1. Description of events leading up to the incident

Describe what you observe is the antecedent of the behavior, or what occurred before the dangerous behavior. This may include setting, environmental factors, statements made by the student, minor behaviors displayed, etc.

Examples:

- ❖ Student was dropped off late today, appeared tired. Student was engaged in math and appeared to become frustrated. Student began to yell and push materials off of the desk. Teacher asked student what was wrong, student screamed in response.
- ❖ Student A and a peer engaged in a verbal altercation in the hallway. Student A and the peer started engaging in a physical altercation.
- ❖ Student was given directions by the teacher to begin a math assignment, the student demonstrated refusal by saying "no."

2. A Description of interventions used prior to implementation of the isolated time out, time out, or physical restraint.

Identify the specific interventions used in response to the student's behavior prior to the decision to use restraint, time out, or isolated time out.

❖ **Examples:**

- Personal space given
- Visual cues provided for quiet voice, calm body
- Visual supports provided with feelings chart
- Controlled choices offered
- Sensory items provided (weighted blanket, fidget)
- Consulted crisis team or SEL staff
- Break offered

Description of Interventions: Tips

- ❖ Avoid using general or vague terms like "de-escalation techniques" or "trauma informed practices." Instead, describe the specific techniques or methods used in relation to the observed antecedent or function of the student behavior.
- ❖ Avoid copy-pasting a list of commonly used interventions.

3. A description of the incident or student behavior that resulted in isolated time out, time out, or physical restraint.

Describe the behavior that posed imminent danger of **serious physical harm** to self or others.

- Clearly specify the behavior that directly influenced the decision to use restrictive intervention and which party was in imminent danger of **serious physical harm** (self, staff, other student).
- Be clear and concise.
- Avoid using vague language like “aggression,” “object aggression,” “attacked,” “Threw items.” Instead, identify the exact behavior. (i.e. hit, kicked, punched, threw a chair at staff.)
- Avoid subjective or anecdotal statements like “student was being nasty to teacher.” or “student decided to kick.”
- For information on determining if a behavior poses an imminent threat, please refer to the Guidance and Frequently Asked Questions document:

<https://www.isbe.net/Documents/Guidance-FAQs-Time-out-Restraint.pdf>

| Unclear | Clear |
|---|--|
| Student kicked. | Student kicked staff in legs with force that could cause harm to the adult. |
| Student flipped over the desk. | Student flipped over desk toward peers. |
| Student hit the wall. | Student hit wall with force that could cause harm to him/herself. |
| Student ran away. | Student eloped from adults toward street/cars/parking lot. |
| Student slammed the door. | Student slammed the door into bodies/arm/leg of other students/staff. |
| Student threw a chair. | Student threw a chair at a staff member. OR Student threw a chair toward where peers were working. |
| Student was aggressive./ Student aggressed. | Student hit staff in the face with a closed fist. |
| Student was destroying property. | Student was pulling wires out of the wall and computer posing threat of injury to the student. |



Identifying multiple interventions

If the student is restrained or placed in time out multiple times in one episode or day, describe the behavior(s) which lead to each individual restrictive intervention.

Example:

Incident #1 (restraint indicated at top of form): Student was kicking staff in leg with force that could cause harm to the adult.

Incident #2 (time out indicated at top of form): Student continues kicking staff with force, begins headbutting staff in the face- transitioned to a time out.

4. For isolated time out, a description of 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.

Provide a rationale for use of isolated time out which is only to be used in limited circumstances. Isolated time out may be used only when the adult in the time out room or enclosure is in imminent danger of serious physical harm because the student is unable to cease actively engaging in extreme physical aggression.

Example:

- ❖ While in time out, the student continued to hit staff with force which could cause bodily harm, so the adult removed themselves from the room for their safety.

5. Type of physical restraint used

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 | |

Check the box or boxes which apply if a restraint was used.

Examples of checking multiple boxes:

- ❖ During the incident, the intervention was started as a team hold in standing position that was transitioned to a seated position.
- ❖ If there were multiple restraints recorded at the top of the form as separate incidents, identify which types of holds were used in each.

6. Attach a log of the student behavior observed or student/staff interactions during the isolated time out, time out, or physical restraint.

- Log entries should include an objective record of observable behaviors or statements made by the student or interactions between student and staff.
- Avoid using anecdotal or subjective statements like "student was being defiant," "student is mad," "student is trying to upset staff."
- Be sure to indicate if the student requires the use of AAC or other communication modalities, if the communication modality is present, and if the communication modality is used. If the communication modality is not present or used, record the reasoning/cause.

Log continued

Examples:

- ❖ 10:00: Student time out begins. Student is yelling (unintelligible) and kicking the wall.
- 10:05: Teacher is modeling deep breathing, student starting deep breaths.
- 10:06: Teacher administering sensory supports. (blanket)
- 10:08: Student is given a cup of water. Time out ends.

- ❖ 12:15 pm: Student placed in 1-person standing hold.
- 12:16: student continues to kick staff. Student transitioned to 2-person standing hold. Teacher gives directive “calm body.” no student response.
- 12:17: Student continues to kick staff, student transitioned to 2-person seated hold.
- 12:18: Teacher gives directive “calm body.” Student yells “No, get off.” continues kicking, begins attempted headbutting. Hold maintained.
- 12:19 Teacher repeats directive “calm body,” models breathing. Student begins to calm and stops kicking. Hold released. Student uses restroom.



7. Evaluation by certified or trained staff member.

Certified or trained staff member evaluating the situation: _____

Time of evaluation: _____

Did the student require:

nourishment ☐ Yes ☐ No

medication ☐ Yes ☐ No

use of restroom ☐ Yes ☐ No

need for alternate strategies

☐ assessment by mental health crisis team

☐ assistance from police

☐ transportation by ambulance

☐ other _____

If the isolated time out or time out exceeds 30 minutes, a physical restraint exceeds 15 minutes, or if repeated episodes occur in a 3-hour time period, the student needs to be evaluated by a qualified staff member who is knowledgeable about the use of restrictive interventions.

- Legibly record the evaluator's full name.
- Record if the evaluation determined the student needed food/water, medication, use of the restroom, and/or alternate strategies required.
- Check whether or not the evaluation determined the time out or restraint could be safely continued.



8. Were there any injuries to student, staff, or others?

- Check yes or no
- If yes, legibly record the name of the person who completed the evaluation (i.e. school nurse or, if there is not a nurse on the premises, other qualified staff member)
- Description of injuries- be specific as possible

Examples:

- ❖ Student has red marks on his forehead where he hit his head on the floor while engaged in self-injurious behavior. Nurse evaluated, gave ice pack. No symptoms of concussion noted, student not bleeding.
- ❖ Staff A has scratches on her right forearm. Nurse evaluated, staff A is not bleeding, scratches cleaned and bandaged.
- ❖ Staff B bleeding from a minor laceration on his left leg. Referred to emergency room.



9. Was there property damage?

- Check yes or no
- If yes, describe the property damage. If property damage resulted in imminent danger, this would also be included in question 3 for behavior leading up to use of intervention.
- Keep in mind, minor damage like students ripping up their work is generally not categorized as property damage for recording purposes.

Examples:

- ❖ Student's chair is broken.
- ❖ Staff A's glasses are bent, not able to be repaired on site.
- ❖ There is a hole in classroom B's west wall.
- ❖ Walkie/radio is damaged, battery door broke off.
- ❖ Class A's art projects were broken.

10. Description of any planned approach to dealing with student's behavior in the future.

Check one or more options: Continue IEP, initiate or revise FBA/BIP, Refer to problem-solving team, or other.

“other” Examples:

- ❖ Meet to review and discuss possible updating of the FBA (if new target behavior) and/or changes to the BIP
- ❖ Additional training for paraprofessionals and specials teachers on BIP strategies
- ❖ Use non-verbal cues when student is in crisis
- ❖ Contact a trusted adult at the school when student is in crisis
- ❖ Begin tracking antecedent behaviors
- ❖ Contact parents to determine if the student has been impacted by home factors
- ❖ Refer student for social emotional/PBIS supports

11. School personnel who participated

- Legibly record the full names and titles of any staff who implemented, monitored, and supervised during the time out or restraint.
- This includes any staff who helped facilitate communication, such as an interpreter.

12. Parent Notification

- On the form, record the date, time, and method of contact for written and/or phone notification to the student's parent or legal guardian.
- Notification should be provided in the parent/guardian's native language when necessary.
- Pursuant to regulations, "a reasonable attempt must be made to notify the student's parent or guardian on the same day the isolated time out, time out, or physical restraint is imposed. Documentation must be provided to the parent within one business day, which may be accomplished by personal service, electronic delivery, or by mailing the documentation within one business day. The documentation must include, at a minimum, a copy of the form required to be submitted to the State Superintendent."



Data reporting and record keeping

- Record the date was entered and legibly record the full name of the person who entered the data
- Keep the record in the student's temporary file.
- Pursuant to regulations, "no later than two school days after use of isolated time out, time out, or physical restraint occurred, the school district, or other entity serving the student shall, in a form and manner prescribed by the State Superintendent, submit the information required under subsection (f)(1) to the State Superintendent."

NOTE: Be sure you are saving the filled-in document if you choose to type directly into the form. To be safe- download and save a blank form, make changes with the incident details, and "save as" creating a copy with the filled-in information.

Data: Student Information System

- As of 8-4-20, beginning SY 2021, Educational Entities who serve public education students in Illinois are required to report instances of time out, isolated time out, and physical restraint to the State Superintendent within 48 hours pursuant to regulations via the Student Information System (SIS).
- The restrainttimeout@isbe.net email address is no longer accepting submissions of records.



Student Information System

- Beginning SY 2021, the Student Information System will include a place for Entities to record data from events of Physical Restraint and Time Out.
 - Events can be reported Online or via Batch.
- ❖ *Note: Entities are still required to complete the Physical Restraint and Time Out Form for the student's temporary record.*

Data: SIS Instructions

- Go to IWAS at <https://sec.isbe.net/iwas/asp/login.asp?js=true>
- Log in with your entity's credentials
- Select System Listing from menu

Illinois State Board of Education
Darren Reisberg, *Chairman* Dr. Carmen I. Ayala, *State Superintendent of Education*

Navigation Menu:
ISBE Home
Home
Sign Up Now
Get Password
Contact Us
Help
IWAS User Guide
IWAS Training Video

Login Section:
Already have an account? Login Here :
Login Name: llanger
Password:
☐ Remember Login Name
LOG IN

Forgot Your Password?
If you have forgotten your login name or password, click on the link below.
[Find Login/Password](#)

New Partner - Sign up Now
Some ISBE web-based systems require electronic signatures. You can create your own logon id and password by clicking on the following link. After you establish your logon, you will then have the ability to request authorization to use ISBE's systems.
[Sign Up Now](#)

Need Help?
If you need help with logging in, the sign up procedure or your password, please click on the link below.
[Help](#)



SIS Instructions continued

Select Student Information System under "Monthly"

Illinois State Board of Education
Darren Reisberg, Chairman Dr. Carmen I. Ayala, State Superintendent of Education

Login: LLANGER

My Systems

Below are systems that you are either authorized to use or are awaiting authorization from either your district (Pending-District), ROE (Pending-ROE) or ISBE (Pending-ISBE). Once you are "Authorized" to access a system, simply click on the system description to use it.

[Click Here for Due Dates](#)

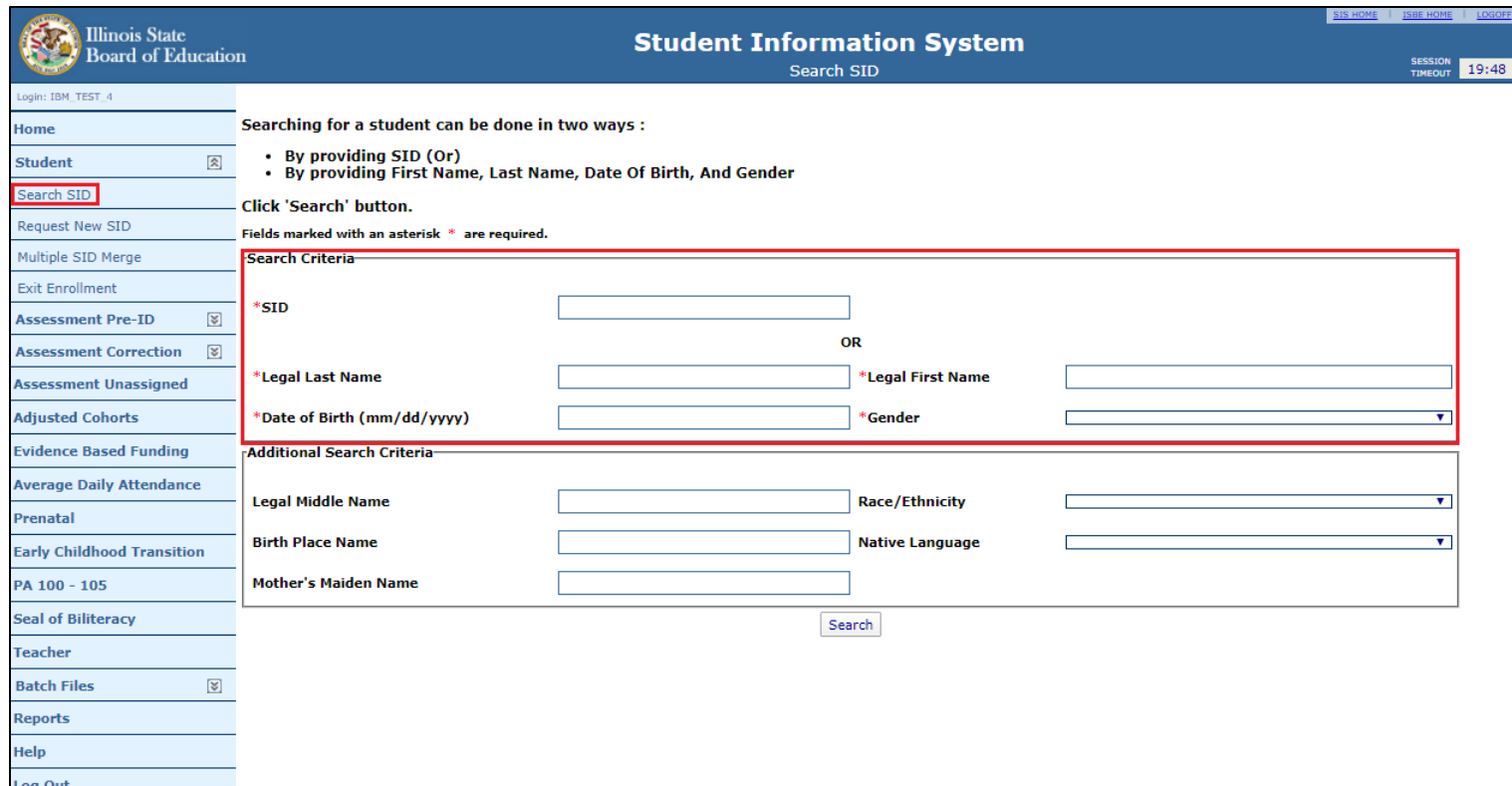
| Categories - Click to Expand/Collapse Tree | Authorization |
|--|---------------|
| Reporting | |
| Data Quality Dashboard | Authorized |
| Monthly | |
| Student Information System - Statewide | Authorized |
| Annual | |



Illinois
State Board of
Education

SIS Instructions continued

Search for Student by their SID



Illinois State Board of Education

Student Information System

Search SID

SESSION TIMEOUT 19:48

Login: IBM TEST 4

Home

Student

Search SID

Request New SID

Multiple SID Merge

Exit Enrollment

Assessment Pre-ID

Assessment Correction

Assessment Unassigned

Adjusted Cohorts

Evidence Based Funding

Average Daily Attendance

Prenatal

Early Childhood Transition

PA 100 - 105

Seal of Bilitery

Teacher

Batch Files

Reports

Help

Log Out

Searching for a student can be done in two ways :

- By providing SID (Or)
- By providing First Name, Last Name, Date Of Birth, And Gender

Click 'Search' button.

Fields marked with an asterisk * are required.

Search Criteria

*SID

OR

*Legal Last Name *Legal First Name

*Date of Birth (mm/dd/yyyy) *Gender

Additional Search Criteria


Legal Middle Name Race/Ethnicity

Birth Place Name Native Language

Mother's Maiden Name

SIS Instructions continued

Click View Details for the student

**Illinois State Board of Education**

Student Information System
Search SID - Potential Match Summary

SIS HOME | PBS HOME | LOGOFF

SESSION TIMEOUT 19:52

Login: IBM_TEST_4

[Home](#)
[Student](#)
[Search SID](#)
[Request New SID](#)
[Multiple SID Merge](#)
[Exit Enrollment](#)
[Assessment Pre-ID](#)
[Assessment Correction](#)
[Assessment Unassigned](#)
[Adjusted Cohorts](#)
[Evidence Based Funding](#)
[Average Daily Attendance](#)
[Prenatal](#)
[Early Childhood Transition](#)
[PA 100 - 105](#)
[Seal of Biliteracy](#)
[Teacher](#)
[Batch Files](#)
[Reports](#)
[Help](#)
[Log Out](#)

Search Criteria:

| SID | Last Name | First Name | Middle Name | DOB | Gender | Race/Ethnicity | Birth Place Name | Native Language |
|-----------|-----------|------------|-------------|-----|--------|----------------|------------------|-----------------|
| 123456788 | | | | | | | | |


Search Results: 1 potential student matches found.

| Action | Last Name | First Name | Middle Name | DOB | Gender | Race/Ethnicity | Birth Place Name | Native Language |
|------------------------------|-----------|------------|-------------|------------|--------|----------------|------------------|-----------------|
| View Details | Smith | Jane | | 06/17/2005 | Female | White | | English |



SIS Instructions continued

Select Student Enrollment


**Illinois State Board of Education**

Student Information System
Student Details

SIS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT 19:50

Login: IBM_TEST_4

Home
Student 
Search SID
Request New SID
Multiple SID Merge
Exit Enrollment
Assessment Pre-ID ☒
Assessment Correction ☒
Assessment Unassigned
Adjusted Cohorts
Evidence Based Funding
Average Daily Attendance
Prenatal
Early Childhood Transition
PA 100 - 105
Seal of Bilingual
Teacher
Batch Files ☒
Reports
Help
Log Out

Click on the tabs to view the student details. To view School / District Name and contact information, please click on either the Home or Serving School RCDTS number.

SID: 123456789
Legal Last Name: Smith
Legal First Name: Jane
Legal Middle Name:

Student Demographic | **Student Enrollment** | Program Indicators

Student Enrollment: Active


| | | | |
|-------------------------------|----------------------------------|---------------------------------|--|
| Enrollment Type for Serving | Original entry into a U.S school | School Year for Serving | 2020 |
| RCDTS for Home | 123456789012345 | RCDTS for Serving | 123456789012345 |
| Enrollment Date for Serving | 08/15/2019 | Percent of Day Attended (PDA) | 1.00 |
| Entry/Grade Level for Serving | 8 - Grade 8 | | |
| Discipline | View Details | | |
| Homeless | | Regional Safe School Program | |
| Tuition In | No | Dual Language | Not A Participant in Dual Language Program |
| 504 Plan | View Details | Language of Instruction | |
| Exit Date | | | |
| Exit Status | | Student Attendance | View Details |
| Exit Type | | | |
| Student Course Assignment | View Details | Physical Restraint and Time Out | View Details |
| | | 1 | |

1 | 1



SIS Instructions continued

Select View Details next to Physical Restraint and Time Out

**Illinois State Board of Education**


Student Information System
Student Details

SIS HOME | DSBE HOME | LOGOUT

SESSION TIMEOUT 19:50

Login: IBM_TEST_4

Home


Student 


Search SID

Request New SID

Multiple SID Merge

Exit Enrollment

Assessment Pre-ID 

Assessment Correction 

Assessment Unassigned

Adjusted Cohorts

Evidence Based Funding

Average Daily Attendance


Prenatal

Early Childhood Transition

PA 100 - 105

Seal of Bilingual

Teacher

Batch Files 

Reports

Help

Log Out

Click on the tabs to view the student details. To view School / District Name and contact information, please click on either the Home or Serving School RCDTS number.

SID: 123456789

Legal Last Name: Smith

Legal First Name: Jane

Legal Middle Name:

Student Demographic

Student Enrollment

Program Indicators

Student Enrollment: Active


| | | | |
|--------------------------------------|----------------------------------|--|--|
| Enrollment Type for Serving | Original entry into a U.S school | School Year for Serving | 2020 |
| RCDTS for Home | 123456789012345 | RCDTS for Serving | 123456789012345 |
| Enrollment Date for Serving | 08/15/2019 | Percent of Day Attended (PDA) | 1.00 |
| Entry/Grade Level for Serving | 8 - Grade 8 | | |
| Discipline | View Details | | |
| Homeless | | Regional Safe School Program | |
| Tuition In | No | Dual Language | Not A Participant in Dual Language Program |
| 504 Plan | View Details | Language of Instruction | |
| Exit Date | | | |
| Exit Status | | Student Attendance | View Details |
| Exit Type | | | |
| Student Course Assignment | View Details | Physical Restraint and Time Out | View Details |
| | | | 1 |

1 | 1



SIS Instructions Continued

Select Add Record

**Illinois State Board of Education**

Student Information System
Physical Restraint and Time Out

[SIS HOME](#) | [DSBE HOME](#) | [LOGOFF](#)

SESSION TIMEOUT 19:54

Login: ISBEADMZZZ

SID: 123456789

Legal Last Name: Smith

Legal First Name: Jane

Date of Birth: 06/17/2005

Enrollment Date: 08/15/2019

Home RCDTS: 123456789012345

Serving RCDTS: 123456789012345


Service Provider:

Exit Date:

Physical Restraint and Time Out Records

| Event Date | Event Number | Event Type | Event Start Time | Event End Time |
|---|--------------|--------------------------------------|----------------------------|----------------|
| No Physical Restraint and Time Out records found. | | | | |
| | | Return To Enrollment | Add Record | |

[Home](#)

[Student](#) 


[Search SID](#)


[Request New SID](#)

[Multiple SID Merge](#)

[Reverse Merge](#)

[Exit Enrollment](#)

[Assessment Pre-ID](#) 

[Assessment Correction](#) 

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[Average Daily Attendance](#)


[Prenatal](#)

[Early Childhood Transition](#)

[PA 100 - 105](#)

[Seal of Biliteracy](#)

[Teacher](#)

[Batch Files](#) 

[Reports](#)

SIS Instructions Continued

Enter event information

Physical Restraint and Time Out

Student Id: 123456789

Name: Smith, Jane

Enrollment Date: 08/15/2019

Exit Date:

Event Number:

Event Type:

Event Date:

Event Time Started [hh:mm]: Type 'A' or 'P' to switch AM/PM

Event Time Ended [hh:mm]: Type 'A' or 'P' to switch AM/PM

Imminent Danger to Self: ☐ Yes ☐ No

Imminent Danger to Staff: ☐ Yes ☐ No

Imminent Danger to Others: ☐ Yes ☐ No



SIS Instructions Continued

- **Event Number:** This refers to the number of events which occur on the SAME DAY. If it is only one incident for the day, enter 1. Enter subsequent numbers for additional events which occurred on the SAME DAY.
- **Event Type:** Select the intervention type from the drop-down menu
- **Event Date:** Select the date on the calendar icon or enter the date of the event in the text box in MM/DD/YYYY format.


Note: You can only enter events which occurred during the selected enrollment dates, tied to your entity in SIS. Please verify you selected the correct enrollment record when adding.

- **Enter Start and End time:** Start at far left of the field and type the time. Enter “a” for a.m. and “p” for p.m.
- Select “Yes” or “No” for **Imminent Danger to Self, Imminent Danger to Staff, and Imminent Danger to Others.**



SIS Instructions Continued

Select Submit

| Physical Restraint and Time Out | |
|---|---|
| Student Id: | 123456789 |
| Name: | Smith, Jane |
| Enrollment Date: | 08/15/2019 |
| Exit Date: | |
| Event Number: | <input type="text" value="1"/> |
| Event Type: | <input type="text" value="Physical Restraint"/> |
| Event Date: | <input type="text" value="03/31/2020"/>  |
| Event Time Started [hh:mm]: | <input type="text" value="08:33 AM"/> <small>Type 'A' or 'P' to switch AM/PM</small> |
| Event Time Ended [hh:mm]: | <input type="text" value="08:44 AM"/> <small>Type 'A' or 'P' to switch AM/PM</small> |
| Imminent Danger to Self: | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Imminent Danger to Staff: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Imminent Danger to Others: | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <div><input checked="" type="button" value="Submit"/> <input type="button" value="Cancel"/></div> | |



Important Links

- ❖ **ISBE Physical Restraint and Time Out Form:**
<https://www.isbe.net/Documents/11-01-Physical-Restraint-Time-Out-Form.pdf#search=physical%20restraint%20and%20time%20out%20form>
- ❖ **Illinois Administrative Code Title 23 Section 1.285:**
<https://www.ilga.gov/commission/jcar/admincode/023/023000010B02850R.html>
- ❖ **Physical Restraint and Time Out Guidance and FAQ Document:**
<https://www.isbe.net/Documents/Guidance-FAQs-Time-out-Restraint.pdf>



Thank you

For questions regarding the Physical
Restraint and Time Out Form or Student
Information System, please contact
restrainttimeout@isbe.net