

## PHYSICAL RESTRAINT INCIDENT REPORT

Student Name:	Grade:	School:
<b>Incident Description</b>		
Date Incident Occurred:	Time restraint began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time restraint ended: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) that lead to restraint:	
Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	Thorough description of efforts made to deescalate and alternatives to physical restraint that were attempted: (include positive behavior interventions used)	
Student's behavior during restraint:	Student's behavior after restraint:	
Description of any injury to student and/or staff and any medical or first aid care provided ( <i>as per district policy, if injury occurred, complete Injury/Incident Report in addition to this form.</i> ):	Follow Up ( <i>check all that apply</i> ): <input type="checkbox"/> Determination by staff member that student was no longer a risk to himself or others <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Law enforcement personnel arrived <input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other ( <i>describe</i> ):	
Post physical restraint physical condition (if any):		
Staff Administering/Observing Restraint		
<u>Name</u>	<u>Position</u>	
Parent Notification	Contact Method	
Name of parent(s) contacted:	<input type="checkbox"/> Written	
Phone #:	<input type="checkbox"/> Verbal	
Date and time of contact:	<input type="checkbox"/> Both	
<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		

This report has been prepared by:

\_\_\_\_\_

(Name) (Position) (Date)