

RESTRAINT FORM

Each school will have a Physical Restraint Response Team that consists of 4 staff members, the building principal, and assistant principals if applicable. The members will be knowledgeable and trained in the use of physical restraint.

Physical Restraint Record

Student Name: _____ Date: _____
Beginning Time _____ AM _____ PM Ending Time _____ AM _____ PM

Description of what triggered the incident:

Description of interventions used prior to the physical restraint:

Description of student's behavior, description of restraint techniques and any other pertinent interaction between student and staff:

Description of injuries to staff and property damages:

Description of future planned approach dealing with the student's behavior:

Description of marks or injuries found on student's body (Nurse verified):

List of school personnel who participated in the implementation, monitoring and supervision of the physical restraint:

_____	_____
_____	_____
_____	_____
_____	_____

Date and time of parental notification: _____