

Student Physical Restraint Incident Report

Student Name: _____ Date of Restraint: _____ Start/End Time: _____

Physical Restraint lasting longer than 15 minutes (or for repeated episodes within a 3 hour period) requires that a certified staff person who is knowledgeable about and trained in the use of physical restraint must evaluate the situation and document the following:

I evaluated the appropriateness of continue the restraint procedure in use, including the student’s potential need for medication, nourishment, restroom and the need for alternate strategies (e.g., assessment by a mental health crisis team, police, or medical personnel). The restraint was continued based on the following observations: _____

Signature of certified staff member: _____

For Students experiencing 3 or more instances of Physical Restraint within one academic year, the school personnel shall initiate a review of the effectiveness of the procedure(s) used and prepare an individual behavior plan for the student that provides either for continued use of these interventions or the use of other, specified interventions. This review can and should consider the potential need for special education or alternative placement. Parents are to be a part of the review meeting and must be provided with 10 days written notice of the scheduled review and topics (i.e., prepare behavior plan, discuss possible special education evaluation, etc.).

Review Meeting scheduled for _____

Signature of Building Principal: _____

School Building: _____