

Policy 447.11 Exhibit
PHYSICAL RESTRAINT REPORT FORM

(To be completed by school personnel within 24 hours following use of physical restraint.)

Student: _____ Birthdate: _____ Classroom Teacher: _____
First Middle Last

Time Restraint Date: _____ Start Time: _____ End Time: _____

Were There Injuries to Staff/Student? Yes No If Yes, please complete the Injury Report Form

Was There Property Damage? Yes No If Yes, Describe damage: _____

Parent Notification Date: _____ Time: _____

Method: Phone Written Hand Delivery Other: _____

**Include location and staff involved in implementation, monitoring, and supervision of the intervention in boxes below.*

Description of Incident:

Student Behavior	Staff Response
1. Anxiety/Triggering Behaviors <i>(Initial behaviors leading to the intervention)</i>	2. Initial Intervention <i>Prior to Restraint (Redirection, Cueing)</i>
3. Escalating Behaviors	4. Next Intervention
5. Acting Out/Physical Aggression	6. Describe Restraint Technique Used <i>(Include a description of student's behavior during intervention)</i> circle one: Child Control Position or Team Control Position
7. Tension Reduction <i>(Calming Down/Processing)</i>	8. Therapeutic Rapport/Supports to Staff <i>(Include a description or any planned approaches to dealing with student behavior In future and any current/future staff needs/responses)</i>

(Please use a separate sheet of paper if any additional information is necessary)

Date(s) of Previous restraints this school year : _____

Person Completing this Report: _____ Date: _____

Administrator Informed: _____ Date: _____

Copy: student file parent administrator