



### Physical Restraint Report Form

Student Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Exceptionality: \_\_\_\_\_

Date of Restraint: \_\_\_\_\_ Time of Restraint: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Teacher/Staff involved in Restraint (name and title)

Procedure used during the physical restraint was:

Injuries? Yes  No

Details:

Describe behavior of student and environmental situation precipitating physical restraint:

Location: \_\_\_\_\_ Students/Staff Present: \_\_\_\_\_

Class/specific activity at time of or preceding physical restraint:

Other Possible triggers:

Time and Date of Parent Notification: \_\_\_\_\_

Method of notification: \_\_\_\_\_ Person Contacting Parent: \_\_\_\_\_

Has student been restrained and/or secluded before this year? Yes  No

If yes, list dates of previous incidents (both restraint AND seclusion):

#1 #2 #3 #4

For students with an exceptionality who have been restrained and/or secluded five or more times, it is MANDATORY that the IEP Team be reconvened promptly to review and revise, if necessary, the Behavior Intervention Plan and/or appropriate behavioral supports.

Other Comments or Observations:

Person Initiating Seclusion \_\_\_\_\_ School Administrator \_\_\_\_\_  
Signature Signature

This form must be completed within 24 hours. Copies must be sent to Parent, Executive Director, Coordinator of Special Education, and Principal within that time period.