**REPORT OF PHYSICAL RESTRAINT**

Date of Restraint: Click here to enter a date.

Student:       DOB: Click here to enter a date.

Ethnic Background: Choose an item. School: Choose an item.

Staff Person Completing Form:       Grade:

List all school personnel involved in the intervention:

Approximate time that escalation by the student began:

Duration of the restraint:

Location of incident:

Student(s) present:

What events or circumstances may have triggered the behavior?

Which de-escalation techniques were attempted?

Reduced lighting Isolated the situation

Limited access to potential weapons Removed hazardous/breakable objects

Honored requests for quiet/personal space Offered sensory strategies per OT

Used CPI Personal Safety Techniques Used CPI Pull Through Technique

IEP Specific Strategies Sought interpreter/alternative mode of

communication

Other; specify:

The student exhibited the following behaviors which constituted a danger to self or others:

Biting Choking Head butting

Punching/hitting Grabbing Kicking

Hair pulling

Risky behavior without student’s awareness that it is dangerous; specify:

Other; specify:

Dangerous behavior was directed at:

Self Peers Adults

Describe the student behavior during restraint including interactions with staff and a description of any restraint technique(s) used:

List any injuries sustained by the student or staff:

Nurse consulted:

List any damage to personal property (student, staff, school):

Does the student have a disability?       If yes, category:

Is the staff member(s) who participated in the restraint currently certified in CPI restraint techniques?

Yes  No

Any additional comments or concerns related to this restraint?

Plan for student’s behavior in the future:

How parent/guardians were notified:

Verbally  Electronically  Note sent home, Other; specify:

Time: (Must be before end of the school day)

Report of Physical Restraint provided to parent as soon as possible with an expectation within 24-48 hours. Date: Click here to enter a date.

Parent Copy Building copy (Confidential file)  District copy

Signature