

**Physical Restraint Reporting Form**

Date report completed:      Date of incident:

|  |  |  |  |
| --- | --- | --- | --- |
| Student name: |  | ID#: |  |
| Date of birth: |  | School: |  |
| Grade: |  | Name of staff member completing report: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Time restraint began: |  | Time restraint ended: |  |
| Staff present: |  | Student(s) present: |  |
| Location of incident: | Classroom  Hall  Cafeteria  Playground  Other: | Behavior(s) that led to restraint:  Specify: | Verbal aggression  Physical aggression  Property destruction  Other: |
| Directed at: | Peers    Staff | Procedures used by the teacher/staff to de-escalate the student prior to using restraint. Specify: |  |
| Describe student’s behavior during restraint: |  | Describe student’s behavior after restraint: |  |
| Data collection plan: |  | How was data collection being monitored: | Who:  How:  When: |
| Was the staff response reasonable, given:  (check if yes) | The student’s behavior  The student’s age  The student’s mental/ physical condition | Did the staff exercise reasonable force without malice of personal ill will toward the student? Explain: | Yes  No |

Teacher signature Witness signature

Parent signature Principal/administrator signature