

**Physical Restraint Reporting Form**

Date report completed:      Date of incident:

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

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| --- | --- | --- | --- |
| 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