## PHYSICAL RESTRAINT INCIDENT REPORT

Student Name:	Grad	e:	School:		
Incident Description					
Date Incident Occurred:	Time restra	int be	egan:	Time restraint ended:	
	□ A.M.	□ P.	=	□ A.M. □ P.M.	
Location of incident:	Behavior(s) that lead to restraint:				
$\square$ Classroom					
□ Hall					
□ Cafeteria					
☐ Playground☐ Other:					
other:					
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Behavior(s) directed at:  □ Staff	Thorough description of efforts made to de-escalate and alternatives to physical restraint that were attempted:				
☐ Peers	(include positive behavior interventions used)				
□ Self	(include positive behavior interventions used)				
□ Other:					
Student's behavior during restraint: Student's behavior after restraint:					
Student's behavior during restraint:			Student's behavior after restraint:		
Description of any injury to and/or staff and any medical			Follow Up <i>(check all that apply):</i> Determination by staff member that		
aid care provided (as per district			student was no longer a risk to		
policy, if injury occurred, complete			himself or others		
			☐ Intervention by administrator(s) to		
this form.):	facilitate de-escalation				
	☐ Law enforcement personnel arrived				
	☐ Staff sought medical assistance ☐ Other (describe):				
			Other ( <i>des</i>	cribe):	
Post physical restraint physical condition (if any):					
Staff Administering/Observing Restraint					
Name			Position		
Parent Notification			Contact Method (Both necessary)		
Name of parent(s) contacted	:	<i>□ 1</i>	Written		
Phone #:					
			Verbal		
Date and time of contact:					
This report has been prepared by:					
(Name)	(Position	)	(Date	<u> </u>	
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Reviewed: 2-26-24 (Policy Advisory Council & Board Policy Committee)