



Use of Physical Restraint Form

Date Report Completed: _____

Student: _____

MET: _____

School: _____

Personnel Involved (Please print):

[Empty box for personnel involved]

Emergency Physical Restraint used for the following purpose:

- to prevent a student from harm
- to prevent harm toward others
- for the purpose of self-protection

Supporting Information:

Date of incident: _____ Location: _____ Time of Incident: _____ Day of the Week: _____

BEFORE:

Describe the activity before physical restraint was required (Triggers):

[Empty box for activity before physical restraint]

Describe the interventions used to de-escalate:

[Empty box for interventions used to de-escalate]



DURING:

Indicate the type of physical restraint used.

- Transport
- Child control position
- Team control
- Seclusion
- Interim Control
- Other (Specify)

Include the length of time physical restraint was required: _____

AFTER: Describe strategies used to stabilize the student (debriefing):

Resolution:

ACTION PLAN BY SCHOOL TEAM (i.e. immediate next steps, changes to programming, proactive planning, and/or services):

Notification of Parent/Guardian

When: _____ How: _____ By whom: _____

Additional information:

Signature: _____
Principal

Staff member(s) completing report

Copies of this form have been sent to: Principal Case manager _____
 Administrator, Educational Support Services