

Student Name: _____ Date: _____

School: _____ Time: _____

Staff involved: _____

Duration of restraint: _____

Where parents notified: Yes No

Behavior leading to restraint:

What interventions were attempted prior to the restraint?

Student behavior during and after the intervention:

Description of the restraint used:

Description of the actions of the staff member(s) involved before, during and after the Restraint:

Student's behavior before the restraint:

Student's behavior during the restraint:

Student's behavior after the restraint:

Description of any injuries sustained by, and any medical care administered to the student, employees or others before, during, or after the use of the restraint:

Description of any property damage associated with the restraint:

A description of actions taken to address the emotional needs of the student during and following the restraint incident:

Recommendations of future actions to be taken to control the student's problem behavior:

Completed by: _____ Date: _____

Witnesses: _____

Principal's signature: _____ Date: _____