

**RESTRAINT REPORTING FORM**

**Student Information:**

**Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_ **Sped. Teacher:** \_\_\_\_\_

**Date of Report:** \_\_\_\_\_ **Site of physical restraint:** \_\_\_\_\_

**Signature of Person Completing the Report:** \_\_\_\_\_

**Date of Restraint:** \_\_\_\_\_ **Person initiating restraint:** \_\_\_\_\_

**Those assisting (use initials):** \_\_\_\_\_

**Description of activity that student was engaged in immediately preceding the use of physical restraint:**

**Student behavior that prompted the restraint:**

- Imminent serious physical harm to themselves or others
- Imminent serious property destruction and imminent serious physical harm to themselves or others.

Explain student behavior(s) that prompted physical restraint: \_\_\_\_\_

**Efforts made to de-escalate the situation and/or alternative to the use of restraint:**

- Provided choices
- Reduced demands
- Verbal redirection
- Calming techniques
- Voluntary removal of student to another location
- Removal of other students
- Request for assistance
- Reduced verbal interaction
- Other

Explain \_\_\_\_\_

**DESCRIPTION OF PHYSICAL RESTRAINT:**

**Time Restraint began:** \_\_\_\_\_ **Time Restraint ended:** \_\_\_\_\_

**Total time:** \_\_\_\_\_

**Regular Monitoring of student being restrained for signs of physical distress (as defined in MANDT):**

Time: \_\_\_\_\_ Evaluation: \_\_\_\_\_  
Time: \_\_\_\_\_ Evaluation: \_\_\_\_\_

**Type of Protective Hold Used:**

- Side Body Hug
- Other (describe)
- 1-Arm Restraint
- 2 Person Restraint

**CESSATION OF RESTRAINT:**

**How restraint ended:**

- Determination by staff member that student was no longer a risk to himself/herself or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought in-house assistance
- Community emergency personnel arrived
- Other (describe)

**Post Observation and Support (check every 10 minutes for up to one-half hour from cessation of restraint):**

There are no signs of distress Time: \_\_\_\_\_ Time: \_\_\_\_\_ Time: \_\_\_\_\_

If there are signs of distress, what supports are being provided: \_\_\_\_\_  
\_\_\_\_\_

**INJURY STATUS:**

If injuries occurred to student/s and/or staff, please describe and how it was or will be addressed (do not use names).

\_\_\_\_\_  
\_\_\_\_\_

**FOLLOW-UP:**

**The school will take the following action (must occur):**

- Debrief staff regarding the incident**

**The school will consider the following action/s:**

- Review incident with the student to address behavior that precipitated the restraint
- Considered whether follow-up is necessary for students who witnessed the incident
- Further contact with parents/IEP team members
- Revise IEP
- Complete an ABC (Antecedent-Behavior-Consequence) analysis

**Parent Contacted:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notice mailed to parent:  Yes  No

**Administrative Contact:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_