

Written Summary of Restraint Use*

Student name: _____

Date of restraint: _____ **Time began:** _____ **Time ended:** _____

Nature of restraint (describe type of approved physical restraint used)

- One Person Two Person Team

Location of restraint: _____

Describe method of restraint: _____

Name(s) of staff member(s) administering restraint: _____

Description of activity in which student was engaged immediately preceding the use of restraint: _____

Student's behavior that prompted the restraint:

- Threat of imminent serious physical harm to himself/herself.
 Threat of imminent serious harm to others.
 Threat of imminent serious property destruction.

Explain: _____

Efforts made to de-escalate the situation:

- Provided choices Verbal redirection Calming techniques
 Reduced demands Reduced verbal interaction Other _____

Explain: _____

Alternatives to restraint that were attempted:

- Removal of other students Request for assistance Other _____
 Voluntary removal of student to another location

Explain: _____

Observation of student at end of restraint: _____

White Copy: Mailed/Given to Parent: _____ (date)

Yellow Copy: Special Education Eligibility Folder

Pink Copy: Administrator

* Send to parent within one day from date of restraint