



**Dale County Schools
Restraint Incident Report**

Date: _____ Student's Name: _____

Ethnicity/Race: _____ Sex: _____ Disabled/Non-disabled: _____

Location of Restraint: _____

Precipitation Behavior/Antecedent: _____

De-escalation Efforts Tried: _____

Description of Restraint Used: _____

Observation of Student's Behavior and Physical Status During Restraint: _____

Injuries to the Student or Staff: _____

Total Time spend in Restraint: _____

Staff Participating in the Restraint: _____

Staff Signature

Staff Signature

Contact Name and Number of School Employee: _____
