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| --- | --- |
| Date: Click here to enter text. | Time:Click here to enter text. |
| Student/DOB: Click here to enter text. | Location within School:Click here to enter text. |
| Staff Involved: Choose an item. | Witnesses: Click here to enter text. |

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| Describe the student behavior and staff responses leading up to the restraint. Attach additional documentation if needed. |

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| Describe what happened during the restraint, the type of restraint used, and the length of time in which the restraint was maintained: |

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| Describe how the restraint ended: |

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| Describe the outcome in terms of follow-up to the restraint including staff-student debriefing and staff to staff debriefing: |

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|  What injuries if any, occurred as the result of the restraint? |

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| Method Parent Notified After Restraint: Choose an item. |

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| Parent Comments After Notification of Restraint (if letter not sent to parent)Click here to enter text. |

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| Date Parent Informed of Incident: Click here to enter text. |

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| Time Parent Informed of Incident: Click here to enter text. |

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| Behavior Plan/IEP Amended: Choose an item. |

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| Date IEP/BIP Amended:  |

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| Additional Corrective Action: |

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| Principal Signature & Date: Click here to enter text. |

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|  Staff Member Conducting Restraint Signature & Date |

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| Witness Signature & Date |