

**5144.1
Form 1**

**Winchester Public Schools
Physical Restraint Report Form**

Note: This report is required to be submitted to the Principal/Director of Special Education as soon as practicable after an incident involving physical restraint, but in no event later than 24 hours after the incident. Any use of physical restraint is to be documented in the child's educational record and, if appropriate, in the child's school health record.

Physical Restraint: Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. The term **DOES NOT INCLUDE:** (A) briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or individualized education program pursuant to state special education statutes or an exclusionary time out.

STUDENT INFORMATION:

Name of Student: _____ Date of Restraint: _____

Date of Birth: _____ Age: _____ Gender: M/F _____ Grade Level: _____

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: ____ No: ____ School: _____

Date of this report: _____ Site of physical restraint: _____

This report prepared by: _____ Position: _____

Staff administering restraint:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Staff monitoring restraint:

Name: _____ Title: _____

Name: _____ Title: _____

Administrator who was verbally informed following the restraint:

Name: _____ Title: _____
Reported by: _____ Title: _____

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PRECIPITATING ACTIVITY:

Description of activity in which the restrained or other students were engaged immediately preceding emergency use of physical restraint: (A student may not be placed in seclusion except as an emergency intervention to prevent immediate or imminent injury to the student or others. Restraint may not be used to discipline a student, because it is convenient or instead of a less restrictive environment.)

Description of the risk of immediate or imminent injury to the student restrained or others that required use of physical restraint:

Description of other steps, including attempts at verbal de-escalation, to prevent the emergency necessitating use of restraint:

DESCRIPTION OF PHYSICAL RESTRAINT:

Justification for initiating physical restraint (*check all that apply*):

- ☐ Non-physical interventions were not effective
- ☐ To protect student from immediate or imminent injury
- ☐ To protect other student/staff from immediate or imminent injury

Type of protective hold used:

- ☐ Side by side parallel hold
- ☐ Lifted and carried (full security hold)
- ☐ Held in chair (reverse cradle transport)
- ☐ Floor control
- ☐ Other (*describe*)

Regular evaluation of the student being restrained for signs of physical distress:

Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____

Time: _____ Evaluation: _____
Time: _____ Evaluation: _____

Time restraint began: _____ Time restraint ended: _____
Total time (in minutes): _____

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CESSATION OF RESTRAINT:

How restraint ended (*check all that apply*):

- ☐ 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*):

Description of any injury to student and/or staff and any medical or first aid care provided:

Time medical staff checked injured person: _____

Medical staff actions: _____

Medical staff name: _____

Incident report was filed with the following school district official:

Date: _____

FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary)

The school will take the following actions (*check all that apply*)

- ☐ Review incident with student to address behavior that precipitated the restraint
- ☐ Debrief staff regarding incident
- ☐ Consider whether follow-up is necessary for students who witnessed the incident
- ☐ Further contact with parents (*describe*):

- ☐ Convene Crisis Intervention Team Meeting
- ☐ Convene PPT to review/revise behavior intervention plan and/or IEP
- ☐ Convene PPT to discuss functional behavior assessment

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PARENT/GUARDIAN NOTIFICATION (required for all restraints):

Parent who was verbally informed of this restraint:

Name: _____ Telephone Number: _____

Date: _____ Time: _____

Called by: _____ Title: _____

Notice mailed to Parent: Yes _____ No _____

Mailed by: _____ Title: _____

Reviewed by: _____ Date: _____
(Principal/Program Administrator/ Team Leader)

Reviewed by: _____ Date: _____
(Director of Special Education)

FOR PRINCIPAL/DIRECTOR OR DESIGNEE USE ONLY

☐ Reviewed physical restraint report

☐ Reviewed behavior plan, if applicable

☐ In considering the effect of the restraint on the student's educational plan, I find the following:
