

# Incident Report of Physical Restraint

Note: 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** means any mechanical or personal restriction that immobilizes or reduces the free movement of a child's arms, legs or head. It does not include: (1) briefly holding a child in order to calm or comfort the child; (2) restraint involving the minimum contact necessary to safely escort a child from one area to another; (3) medication devices, including supports prescribed by a health care provider to achieve proper body position or balance; (4) helmets or other protective gear used to protect a child from injuries due to a fall; or (5) helmets, mitts and similar devices used to prevent self injury when the device is part of a documented treatment plan or IEP and is the least restrictive means available to prevent self-injury.

---

## District Information

School District \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
School: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Restraint: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Person preparing the report: \_\_\_\_\_  
Time restraint was initiated \_\_\_\_\_ Time restraint ended \_\_\_\_\_ Total time of restraint \_\_\_\_\_

---

## Student Information

Student's Name \_\_\_\_\_ SASID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: M/F Grade \_\_\_\_\_ Race: \_\_\_\_\_ Disability: \_\_\_\_\_  
\_\_\_\_\_  
The student currently receives special education services.  
\_\_\_\_\_  
The student is being evaluated or considered for eligibility for special education services.

---

## Staff Information

Name of staff administering restraint \_\_\_\_\_ Title \_\_\_\_\_  
Name of staff monitoring/witnessing restraint \_\_\_\_\_ Title \_\_\_\_\_

---

## Student activity/behavior precipitating restraint

Describe the location and activity in which the student was engaged just prior to the restraint: \_\_\_\_\_  
\_\_\_\_\_

Describe the risk of immediate or imminent injury to the student restrained or to others that required the use of restraint: \_\_\_\_\_  
\_\_\_\_\_

---

## Staff activity/response

Describe other steps, including de-escalation strategies implemented to prevent the emergency which necessitated the use of restraint: \_\_\_\_\_  
\_\_\_\_\_

Describe the nature of the physical restraint: (include the type of hold/restraint and the number of persons required): \_\_\_\_\_  
\_\_\_\_\_

Indicate times student was monitored for signs of physical distress and if any signs of physical distress were noted. \_\_\_\_\_  
\_\_\_\_\_

Describe the disposition of the student following the restraint: \_\_\_\_\_  
\_\_\_\_\_

Was the student injured during the emergency use of restraint? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", complete and attach a Report of Injury.

---

## Parent/Guardian Notification

Was parent/guardian notified within 24 hours of the incident? \_\_\_\_\_ Yes (indicate manner) \_\_\_\_\_  
\_\_\_\_\_ No

Was a copy of the Incident Report sent to parent/guardian within 2 business days? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is a PPT recommended to modify the IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes", date of notice \_\_\_\_\_