RESTRAINT REPORT

This report must be completed each time a student is in a restraint. All staff members implementing and monitoring the use of restraint, and the Administrator informed of the use of restraint must sign this report. This report must be maintained in the student’s educational record and be available for inspection by the student’s parent or legal guardian. Attach additional pages as necessary.

Name of Student: ____________________________________________

School: ______________________________________________________

Date Restraint Used: ___________________________________________

Document other less intrusive interventions that have failed or been determined inappropriate:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the precipitating event immediately preceding the behavior that prompted the use of Restraint:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Description of the Student’s behavior and reaction during the Restraint:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the type of Restraint utilized:

________________________________________________________________________
Document the length of time that the Student was restrained:

Staff Members Implementing and Monitoring the Restraint:

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<th>Signature</th>
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Names of School Personnel Who Observed the Behavior that Prompted the Use of Restraint:

Administrator Informed of the Use of Restraint:

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<tr>
<th>Name</th>
<th>Signature</th>
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School personnel shall provide the student’s parent with verbal notification of the use of restraint or send written notice of use of the restraint to the parent within 24 hours, unless otherwise stated in the student’s Behavior Intervention Plan or IEP.