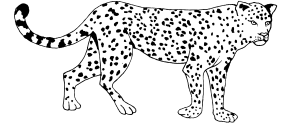


Laurens Central School District Board Policy



STUDENT – 7412.1

Subject: Physical Restraint Report

STUDENT PHYSICAL RESTRAINT REPORT

School/Building: _____ Completed by: _____ Date: _____

Name of Student: _____ Student's Date of Birth: _____

Start Time of Physical Restraint: _____ End Time of Physical Restraint: _____ Total Duration: _____

Does the student have a current IEP, Section 504 plan, Behavioral Intervention Plan or Other plan developed for the student by the school? Yes No

Check whichever applies: IEP _____ 504 Plan _____ Behavioral Intervention Plan: _____ Other Plan: _____

List all staff member(s) involved in the implementation of the physical restraint and any other person(s) involved:

Please identify the *setting and location of the incident* necessitating physical restraint:

Please describe the precipitating incident which led to the restraint, including type of restraint used: (use additional paper if necessary)

List all positive, proactive intervention strategies utilized prior to the physical restraint:

Was the student injured during the restraint? (circle one) Yes No

If yes, student evaluated by school nurse or other medical personnel (circle one) Yes No

Describe the location and extent of student's injuries. Attach additional information, as necessary :

****for student injuries, be sure to complete additional student injury report form****

Was any staff involved in restraint injured? (circle one) Yes No

Was staff treated for injuries: Yes No

Describe the location and extent of injuries. Attach additional information, as necessary:

Parent Notified of Incident On Date of incident? Yes No Offered Meeting?: Yes No
(document efforts)

By whom? _____ Date/Time: _____ How: _____

If parent could not be reached, and this is a student with disability- notify CPSE/CSE Yes No

Date of Debriefing with Staff: _____

Staff who will debrief and discuss with student: _____ Date completed: _____