

# PHYSICAL RESTRAINT DOCUMENTATION FORM

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
FIRST MIDDLE LAST

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): \_\_\_\_\_

PHONE: (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_ (OTHER) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ DISTRICT/AGENCY: \_\_\_\_\_  
STREET ADDRESS/P.O. BOX CITY STATE ZIP

Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_  
MONTH/DAY/YEAR

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

School personnel involved in incident (additional documentation may be attached if determined necessary): _____ _____ _____
Describe the student's activity and behavior immediately preceding the behavior that prompted the use of physical restraint: _____ _____ _____
Describe efforts of school personnel to de-escalate the situation, and alternatives to physical restraint that were utilized prior to the use of physical restraint: _____ _____ _____
Provide a description of the physical restraint utilized: _____ _____ _____
Describe the actions of the student and school personnel that occurred during the physical restraint: _____ _____ _____

Describe observed student and school employee behaviors that followed the physical restraint:

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Describe de-escalation techniques and interventions utilized following the physical restraint:

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Describe any injuries to the student or school employees:

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Describe future alternatives to physical restraint that will be utilized:

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**Signatures:**

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Notification to Parent:**

Type: \_\_\_\_\_ Time: \_\_\_\_\_ By whom: \_\_\_\_\_

Date Information Provided to Parent: \_\_\_\_\_ By whom: \_\_\_\_\_

**Notification to Site Administrator:**

Type: \_\_\_\_\_ Time: \_\_\_\_\_ By whom: \_\_\_\_\_

