

# Student Physical Restraint Documentation Form

Instructions: This document must be completed immediately following any incident involving the physical restraint of a student.

## 1. Student Information

Student Full Name:

Grade Level:

Date of Birth:

School Name:

## 2. Incident Overview

Date of Incident:

Location of Incident (e.g., Classroom, Hallway):

Time Restraint Initiated:

Time Restraint Ended:

Total Duration of Restraint (Minutes):

## 3. Personnel Involved

Staff Implementing Restraint:

Staff Observing/Monitoring:

Administrator Notified:

## 4. Preceding Events and Behavior

Activity occurring before the incident:

Behavior of the student that created immediate danger to self or others:

De-escalation techniques attempted prior to physical restraint:

## 5. Description of Restraint

Type of physical restraint technique/hold utilized:

Student's response during the restraint:

## 6. Post-Incident and Medical Assessment

Was the student injured during the incident? (Yes/No - Explain):

Was any staff injured during the incident? (Yes/No - Explain):

Medical/Nursing staff who completed physical assessment:

Results of medical assessment:

## 7. Parent/Guardian Notification

Parent/Guardian Contacted:

Date of Contact:

Time of Contact:

Method of Contact (e.g., Phone, Email, In-Person):

Staff Member Who Made Contact:

## 8. Verification and Signatures

Name of Person Completing This Form:

Signature of Reporter (Sign after printing):

Date:

Name of Building Administrator:

Signature of Building Administrator (Sign after printing):

Date: