



**Description of the physical restraint/crisis intervention implemented**

(a) Hold(s) utilized and rationale for type of hold:

(b) Student's behavior/reactions during restraint:

(c) How restraint ended:

(d) Did an injury occur in the process of restraint? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Student and/or Staff injured: \_\_\_\_\_

Nature of the injury:

(e) Medical care provided (Include care provided, to whom, by whom):

**Follow-up Action**

(a) Further action(s) that the school has taken or will take:

(b) (if applicable) Development or modification of a behavior intervention plan as a result of the physical restraint (Include reference to any such plans contained in separate documents.):

Parent(s) or guardian(s) of the student referenced in this report were informed about this restraint incident on

Date: \_\_\_\_\_ .

Method of notification: \_\_\_\_\_ Letter

Contact person \_\_\_\_\_

Name/position of staff member

\_\_\_\_\_ Phone conversation

\_\_\_\_\_ Conference

\_\_\_\_\_ EMail