

Adams 12 Five Star Schools
Student Support Services
Documentation for Use of Restraint

Student Name: _____
Incident Involved: Seclusion _____ and/or Physical Restraint _____
Time Restraint Started: _____ AM _____ PM
Time Restraint Ended: _____ AM _____ PM
Total Amount of Time in Restraint: _____ School Name _____

Please use additional

Reason student was placed in a restraint including precipitating incidents that necessitated the restraint, student's behavior before/after application of the restraint, the restraint technique(s) utilized and the outcome of the incident:

CPI Technique(s) Used:
Children's Control Position _____ Team Control Position _____

Description of the specific interventions that were utilized prior to the restraint in an attempt to deescalate the situation and the student's response to these:

Does the student have a Behavior Intervention Plan? _____ If yes, please attach _____
Description of injuries to student or staff, if any: _____

Staff Member Initiating the Restraint: _____
Other Staff Members Involved with the Restraint: _____

Date of Restraint: _____
School Administrator Signature: _____
Date of Parent Contact (*Must be same day as restraint*): _____
Date Copy of this Report Sent to Parent: _____

- *A copy of this written report must be sent to the parents within 5 days following the use of the restraint.*
- *Send copy to Behavior Specialist, Student Support Services, ESC*
- *Save a copy for your building*