

REPORT OF PHYSICAL RESTRAINT

To be completed by restrainer(s) and Principal/Designee

Student: _____ DOB: _____
School: _____ Grade: _____
Parent: _____ Phone: _____
Address: _____

Restrainer(s) Job Title(s)

Observers of Restraint Title

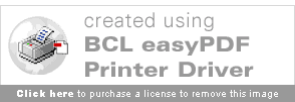
Date of Restraint Time Begun Time Ended

Student examined by school nurse: Date: _____ Time: _____ Initials: _____

- 1. Name of Administrator verbally informed _____
- 2. Activity of restrained student and others in vicinity immediately preceding use of the restraint _____

- 3. Behavior which prompted restraint _____

- 4. Efforts made to de-escalate physical restraint _____



5. Reason for resorting to physical restraint _____

6. Description of restraint/reason why _____

7. Student's behaviors during and reactions to restraint _____

8. How restraint ended _____

9. Injury to student or staff _____

10. Extended Restraints

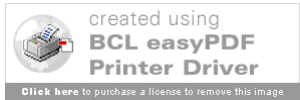
A. Description of alternatives first attempted

B. Outcome of these efforts

C. Reason for administering extended restraint

D. DOE sent written notification of extended restraint
Yes _____ No _____ Date _____

11. Further actions by school, including disciplinary action toward student



12. Parent/guardian provided opportunity to discuss restraint with principal/designee

Yes _____ No _____

13. Parent/guardian informed of the right to file a grievance

Yes _____ No _____ Date _____

14. Principal/designee verbally informed parent/guardian of restraint

Yes _____ No _____ Date _____ Time _____

15. Principal sent written report to parent/guardian

Yes _____ No _____ Date _____

Signatures:

Principal

Restrainer

Restrainer

Observer

Nurse

Accepted February 7, 2005

Revised January 10, 2005

Adopted 7/30/01

Granby Public Schools – 2004

