

Checklist of Follow Up Actions

1. Parent/Guardian/Caregiver of Student _____
Print Name of Student

Name of parent/guardian/caregiver contacted: _____

Date and time of call: _____

Name of person who made telephone call: _____

Date written report mailed to parent/guardian/caregiver: _____

Name of person who prepared and mailed written report: _____

Was a copy of the Cambridge Public Schools Physical Restraint Policy and Physical Restraint Prevention and Behavior Support Procedures and Guidelines included with the written report mailed to the parent/guardian/caregiver?

_____ YES _____ NO

2. Review restraint with the student to address precipitating behavior

Date of review: _____

Person who conducted review: _____

Result of review: _____

3. Student's Comments on the Use of Restraint and on Information in Written Report (summarize any oral comments provided by student and attach copy of any written comments student provided): _____

4. Parents/Guardians/Caregivers' Comments on the Use of Restraint and on Information in Written Report (summarize any oral comments provided by parents/guardians/caregivers and attach copy of any written comments parents/guardians/caregivers provided): _____

Was any further action taken with respect to matter?

_____ YES _____ NO

If so, describe action taken: _____

Date of action taken: _____

5. Review restraint with school personnel to discuss whether proper restraint procedures followed

Date of review: _____

Person who conducted review: _____

Names of individuals who participated in review: _____

Result of review: _____

Was any further action taken with respect to matter?

_____ YES _____ NO

If so, describe action taken: _____

Date of action taken: _____

6. Follow-up for students who witnessed incident

Date of follow-up: _____

Person who conducted follow-up: _____

Result of follow-up: _____

7. Injury to Student and/or Staff During Restraint

Was there an injury to student(s) and/or staff during restraint?

_____ YES _____ NO

If there was an injury, was Incident Report filed in addition to the completion of the Reporting Form for Incident of Restraint?

_____ YES _____ NO

Name(s) of Safety & Security Officer to whom report was given:

Date and time of call: _____

Name of person who made telephone call: _____

Was a copy of the Reporting Form for Incident of Restraint forwarded to the Office of the Superintendent?

_____ YES _____ NO

Date written report sent to Office of the Superintendent: _____

Name of person who sent report: _____

8. Does the student currently receive supports and/or services through an IEP or a 504 Accommodation Plan?

IEP: _____ YES _____ NO If Yes, please send a copy of completed package to the Office of Student Services and the psychologist/team chairperson.

504: _____ YES _____ NO If Yes, please send a copy of completed package to the Office of Student Services and the Teacher in Charge-504.

- Attach: 1. Copy of Written Report to Parents/Guardians/Caregivers**
2. Copy of Report Form for Incident of Restraint
3. Copy of Incident Report (if filed)
4. Copy of Written Comments of Student and/or Parents/Guardians/Caregivers on Use of Restraint and/or Written Report