



Cambridge Public Schools Physical Restraint Report Form

TO BE COMPLETED AND GIVEN BY STAFF MEMBER WHO ADMINISTERED RESTRAINT TO PRINCIPAL/HEAD OF UPPER SCHOOL WITHIN 24 HOURS OF RESTRAINT. IF PRINCIPAL/HEAD OF UPPER SCHOOL ADMINISTERED RESTRAINT, FORM MUST BE COMPLETED WITHIN 24 HOURS OF RESTRAINT AND GIVEN TO SUPERINTENDENT AND ASSISTANT SUPERINTENDENT FOR OFFICE OF STUDENT SERVICES

SASID: * _____ **Student Name:** * _____ **Gender:** * _____
DOB: * _____ **School:** * _____ **Does student have an IEP:** * _____

Date of Restraint: * _____ **Start Time:** * _____ **End Time:** * _____
Did episode of restraint involve multiple holds? * _____

Subject Period: * _____ **Location of Restraint:** * _____ **Hold Used:** * _____
If episode involved multiple restraints, hold used should be categorized according to the most restrictive hold.

Person 1 Who Administered Restraint *

Name*: _____
Title*: _____
Has this person received restraint training within the past year? * _____

Person 2 Who Administered Restraint

Name: _____
Title: _____
Has this person received restraint training within the past year? _____

Person 3 Who Administered Restraint

Name: _____
Title: _____
Has this person received restraint training within the past year? _____

Observer 1

Name*: _____
Title*: _____
Has this person received restraint training within the past year? * _____

Observer 2

Name: _____
Title: _____
Has this person received restraint training within the past year? _____

Observer 3

Name: _____
Title: _____
Has this person received restraint training within the past year? _____

Was anyone injured during the restraint?* _____

In the event of a student and/or staff injury, the Department will be automatically notified.

Who was injured during the restraint? Names of those injured and description of injuries to each individual and medical care provided, if any:

Antecedent activity (describe the environment/setting prior to the restraint): *

Behavior that justified the need to use restraint (e.g., to protect a student and/or member of the school community from assault or serious imminent physical harm): *

Description of de-escalation techniques and alternatives to restraint that were attempted: *

Description of why restraint hold was chosen:*

(If episode involved multiple restraints, include a detailed narrative containing information about each hold during the episode, including start and end times for each of them)

Description of the child's behavior and reaction during the restraint; how the restraint ended; and how the child's well being was monitored: *

Description of discipline and/or further action that may be taken, if appropriate: *

If a single restraint hold lasted longer than 20 minutes provide the following information:

- Explanation for why an extended restraint was required: _____
- Name of the administrator who approved continuation of the restraint: _____
- Name of principal/administrator who was immediately notified of restraint: _____

Parent/guardian notification or documented attempts to contact (within 24 hours): *

Name of Person who notified Parent/guardian: * _____

Date: * _____ Time: _____ Method: _____

Additional Comments:

Written report of administration of restraint sent to parent/guardian within 3 school working days on:*

Name of Person who sent report: * _____

Date: * _____ Time: _____ Report sent in primary language of the parent/guardian: * _____

Please note that it is the obligation of the agency/program/LEA to ensure that any printed version of this information that may be used to satisfy the written reporting requirements of 603 CMR 46.06 is complete, accurate and meets the requirements of all applicable regulations. It is further the obligation of the agency/program/LEA to maintain copies of all such reports in the individual student record.

According to, 603 CMR 46.06(4)(e), schools must offer parents/guardians an opportunity to discuss with school officials the restraint, consequences that may be imposed on the student, or any related matter. Parents/guardian wishing to discuss any of these concerns should contact: *

Name: * _____ Title: * _____

Name of Person Completing Form: * _____

Date of Report: * _____

Received by Principal/Head of Upper School: *

Signature

Date

Received by Superintendent:

Signature

Date

Received by Assistant Superintendent for Student Services:

Signature

Date

Received by OSS and Psychologist/Team Chairperson:

Signature

Date

Received by OSS and Teacher in Charge - 504:

Signature

Date