

**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)

Name of Student: _____

**Name(s) & Title(s) of Staff Member(s)
Who Administered Restraint:** _____

Has this person(s) received restraint training within the past year?
Yes _____ No _____

If no, indicate which person(s) not trained within the past year _____

**Name(s) & Titles of Staff Member(s)
Who Observed Restraint, If Applicable:** _____

Has this person(s) received restraint training within the past year?
Yes _____ No _____

If no, indicate which person(s) not trained within the past year _____

Date of Restraint: _____ **Start and End Time of Restraint:** _____

Name of Principal/Head/Designee/Administrator who was immediately informed of the restraint and date and time informed (*verbal notification should occur as soon as possible and by no later than close of school day on which restraint was administered*):

If Applicable, Name of Principal/Head/Administrator Who Approved Continuation of Restraint/Time-Out Beyond Twenty (20) Minutes (*attach copy of approval of extension of restraint or time-out*):

Description of activity in which student and other students and/or staff in vicinity were engaged immediately prior to restraint:

Description of behavior that justified restraint:

Description of efforts made to prevent escalation of behavior, including any specific de-escalation strategies used:

Description of alternatives to restraint that were attempted: _____

Justification for initiating restraint: _____

Description of restraint(s) administered (e.g., holds used and why necessary): _____

Description of student's behavior and reaction during restraint, and any medical care given: _____

Description of how restraint ended: _____

Were there any injuries to student(s) and/or staff during restraint?

_____ YES _____ NO

If so, please identify name(s) of individual(s) injured, a brief description of the injury and what medical care, if any provided: _____

Information regarding further actions school has taken or may take, including any consequences that may be imposed on student:

Information regarding opportunities for student's parents/guardians/caregivers to discuss restraint with school, including any consequences that may be imposed on student or any other related matter:

Date, Time, Method - Parent/Guardian/Caregiver Notified of Restraint (*verbal notification within 24 hours of restraint and written notification within 3 school working days of restraint*):

Was report sent in primary language of Parent/Guardian/Caregiver? Yes _____ No _____

List of Documented Attempts to Contact Parent/Guardian/Caregiver within 24 hours –

Date _____ **Time** _____ **Method** _____

Name of Person Who Notified Parent/Guardian/Caregiver: _____

Name of Person Completing Reporting 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