



Cambridge Public Schools

Physical Restraint Report Form

TO BE COMPLETED AND GIVEN BY STAFF MEMBER WHO ADMINISTERED RESTRAINT TO PRINCIPAL WITHIN 24 HOURS OF RESTRAINT. IF PRINCIPAL 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

CONFIDENTIAL

SCHOOL LOG OF RESTRAINTS

<u>Date of Report</u>	<u>Name of Staff Member Who Administered Restraint</u>	<u>Name of Student</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

TO BE TRANSLATED INTO THE STUDENT'S HOME LANGUAGE

**WRITTEN REPORT TO PARENTS/GUARDIANS/CAREGIVERS
REGARDING PHYSICAL RESTRAINT**

*(VERBAL NOTIFICATION TO PARENTS/GUARDIANS/CAREGIVERS WITHIN 24 HOURS OF
RESTRAINT AND WRITTEN REPORT TO BE PROVIDED WITHIN 3 DAYS OF RESTRAINT)*

INSERT DATE

**INSERT NAME AND
ADDRESS OF PARENT/GUARDIAN/CAREGIVER
OF STUDENT**

Dear Parent/Guardian/Caregiver of _____:

This is to inform you that your child was restrained on _____
(Date)

by _____. The restraint was
(Name & Title of Staff Member(s) Who Administered Restraint)

observed by _____. The restraint, which
(Name & Title of Staff Member(s) Who Observed Restraint)

consisted of _____

(Describe administration of restraint including holds used and why holds necessary)
began at _____ and ended at _____. Your child's behavior and reactions
during the restraint were as follows: _____

_____. The restraint
ended in the following manner: _____

Following the restraint, _____ informed _____ that the restraint had
taken place.

Immediately preceding the use of the physical restraint the staff and students were engaged in the
following activity: _____

_____. The behavior
of your child that prompted the restraint was the following: _____
_____. The following
efforts were made to de-escalate the situation and the following alternatives were attempted prior to
initiating the physical restraint: _____

(Describe the alternatives to the restraint that were attempted, the outcome of those efforts and the justification for administering the restraint.)

_____ . The reason for initiating the physical restraint was _____

USE EITHER ALTERNATIVE PARAGRAPH A OR PARAGRAPH B DEPENDING UPON WHETHER AN INJURY OCCURRED DURING THE RESTRAINT.

ALTERNATIVE PARAGRAPH A: There was no injury to your child and/or to staff during the restraint.

ALTERNATIVE PARAGRAPH B: There was an injury to _____ during the restraint. As a result of this injury medical care was provided. A copy of the incident report with respect to this injury is enclosed with this letter.

If it is determined that the behavior which was the basis for this physical restraint is of a more serious nature as to warrant disciplinary action, you will be notified in writing of the date of the suspension hearing by a separate letter.

If you wish to meet with me to discuss the use of the restraint, this report, any disciplinary sanctions that may be imposed and/or any other related matter with respect to your child, please do not hesitate to contact me. You may also, if you wish to do so, provide me with any comments that you may have regarding the use of the restraint, this report, any disciplinary sanctions that may be imposed and/or any other related matter in writing. Additionally, a copy of the Cambridge Public Schools Physical Restraint Procedures and Guidelines are enclosed for your reference.

Sincerely,

Principal

Enclosure