

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. THIS FORM IS FOR DESE REPORTING.

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

Date of Restraint: *	
Start Time*	
End Time* (of longest restraint)	
Did episode of restraint involve multiple holds?*	

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

Administer Information

Person 1 Who Administered Restraint*	
Name:*	
Title:*	

Person 2 Who Administered Restraint*	
Name:*	
Title:*	

Has this person received restraint training within the past year?*	
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Has this person received restraint training within the past year?*	
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Person 3 Who Administered Restraint*	
Name:*	
Title:*	

Person 4 Who Administered Restraint*	
Name:*	
Title:*	

Has this person received restraint training within the past year?*	
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Has this person received restraint training within the past year?*	
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Observer Information

Observer 1*	
Name:*	
Title:*	

Observer 2*	
Name:*	
Title:*	

Has this person received restraint training within the past year?*	
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Has this person received restraint training within the past year?*	
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Observer 3*	
Name:*	
Title:*	

Observer 4*	
Name:*	
Title:*	

Has this person received restraint training within the past year?*	
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Has this person received restraint training within the past year?*	
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Was anyone injured during this restraint?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>In the event of a student and/or staff injury, the Department will be automatically notified.</i>		

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/Caregiver notification or documented attempts to contact (within 24 hours):*	
Name of person who notified Parent/Guardian/Caregiver:*	

Date:*	Time:	Method:
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Additional Comments:

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

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