

# FALL RIVER PUBLIC SCHOOLS *"The Scholarship City"*

417 Rock Street, Fall River, MA 02720

*Matthew H. Malone, Ph.D.*  
Superintendent

*Lisa M. Moy*  
Executive Director of Special Education  
and Student Services

File: JKAA-E

## PHYSICAL RESTRAINT FORM

Name of Student: \_\_\_\_\_ SASID: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_

Time Restraint Began: \_\_\_\_\_ Time Restraint Ended: \_\_\_\_\_ Subject/Period: \_\_\_\_\_

Name and Job Title of person(s) performing restraint: \_\_\_\_\_

Name and Job Title of Witnesses: \_\_\_\_\_

Name of administrator who was verbally notified following restraint: \_\_\_\_\_

Parent notified (date, time, and manner of notification): \_\_\_\_\_

Student has an IEP: Yes \_\_\_\_\_ No \_\_\_\_\_ Student has a 504 plan: Yes \_\_\_\_\_ No \_\_\_\_\_

Description of activity which took place prior to restraint and behavior which prompted restraint, including justification for initiating restraint: \_\_\_\_\_

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What efforts were made to de-escalate the situation and what alternatives to restraint were attempted?

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Describe the type of restraint administered, why it was chosen and how the student acted during the restraint: \_\_\_\_\_

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Describe how the restraint ended: \_\_\_\_\_

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Were there any injuries to student or staff? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an injury took place, please describe the nature of the injury and any care provided. (Attach a copy of accident report where appropriate): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be completed for extended restraints only (those in excess of 20 minutes.)

- 1) What alternatives were attempted, and what were the outcomes of those efforts.
- 2) Describe the justification for administering extended restraint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of administrator who approved restraint beyond 20 minutes: \_\_\_\_\_

Explain the outcome or resolution of this incident and additional actions the school is taking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Opportunities for student's parents to discuss restraint  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and title of person preparing this report

Date Sent: \_\_\_\_\_

CC: Parent/Guardian, Principal, Special Needs Supervisor