

FALL RIVER PUBLIC SCHOOLS "The Scholarship City"

417 Rock Street, Fall River, MA 02720

Maria Pontes
Superintendent

Lori Obenchain
Assistant Superintendent of Special Education

File: JKAA-E

PHYSICAL RESTRAINT FORM

Name of Student _____ SASID _____ Gender _____

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:

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

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

Describe how the restraint ended:

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