



# The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148-5023 Telephone: (781) 338-3700  
TTY: N.E.T. Relay 1-800-439-2370

## Physical Restraint Report 603 CMR 46.06(5)

NOTE: This report is required to be submitted to the Department of Education, Director of Program Quality Assurance Services, by a publicly funded education program after any physical restraint of a student lasting longer than twenty (20) minutes and/or after administration of a physical restraint that results in serious injury (requiring emergency medical intervention) to a student or staff member. This report must be sent to the Department within five (5) school working days of the administration of the restraint.

### IDENTIFYING INFORMATION:

Name of School District, Charter School, Educational Collaborative or Approved Private Special Education School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of restraint: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F \_\_\_\_\_ Grade level: \_\_\_\_\_

Does student currently receive special education services? Yes:  No:

Date of this report: \_\_\_\_\_ Site of restraint: \_\_\_\_\_

This report prepared by: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Staff administering restraint:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certified to administer restraints No  Yes

Name of restraint methodology: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Received prior restraint training:  Yes  No

Observers (if any):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Administrator who was verbally informed following the restraint:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_

Parent who was informed of this restraint:

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Called by: \_\_\_\_\_ Title: \_\_\_\_\_

**PRECIPITATING ACTIVITY:**

Thorough description of activity in which the restrained or other students were engaged immediately preceding use of physical restraint:

Behavior that prompted and justified the restraint:

Thorough description of efforts made to deescalate and alternatives to restraint that were attempted:

**DESCRIPTION OF PHYSICAL RESTRAINT:**

Justification for initiating physical restraint (*check all that apply*):

- Non-physical interventions were not effective
- To protect student from imminent, serious, physical harm
- To protect other student/staff from imminent, serious, physical harm
- To implement necessary restraint in accordance with the student's IEP or other written plan (*describe pertinent provisions of the IEP or other written plan*):

Describe holds used and why such holds were necessary:

Student's behavior and reaction during restraint:

Time restraint began: \_\_\_\_\_ Time restraint ended: \_\_\_\_\_

**CESSATION OF RESTRAINT:**

How restraint ended (*check all that apply*):

- Determination by staff member that student was no longer a risk to himself or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought medical assistance
- Other (*describe*):

**Description of any injury to student and/or staff and any medical or first aid care provided:**

Incident report was filed with the following school district official: \_\_\_\_\_.

**FOR EXTENDED RESTRAINTS (beyond twenty (20) minutes):**

Alternatives to extended restraint that were attempted:

Outcome of those efforts:

Justification for administering extended restraint:

**FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary.)**

The school will take the following action and/or disciplinary sanctions (*check as many as apply*):

- Review incident with student to address behavior that precipitated the restraint.
- Review incident with staff to discuss whether proper restraint procedures were followed.
- Consider whether follow-up is necessary for students who witnessed the incident.
- Conduct a local investigation of any complaint regarding this restraint (*describe investigation procedures*):
- Disciplinary action/sanctions taken by the program (*describe*):
- Contact with parents, responsible school district, other state agency (*describe*):

**PARENT/GUARDIAN NOTIFICATION (*required for all reported restraints*):**

Verbally informed of physical restraint on \_\_\_\_\_ by teacher/administrator/other or documented attempts to contact verbally (*describe*):

Written report sent within 3 school working days of administration of restraint to parent/guardian on \_\_\_\_\_ by \_\_\_\_\_ (*teacher/administrator/other*) at the following address:

- Sent in native language of the parent/guardian (*language*): \_\_\_\_\_

Parent/guardian was offered opportunity to discuss the administration of physical restraint and/or disciplinary sanctions with teacher/administrator. Results of discussion (*Attach separate page if necessary*):

- The required copy of the log of all physical restraints for all students in this program is attached to this report for Department of Education review. This record of physical restraints is required to be maintained by the program administrator or Principal for the 30-calendar day period prior to date of this reported restraint. The log must indicate dates of each restraint, student initials and length of each restraint.**