

# Canton Union School District #66

## Record of Restraint Form

\*Submission of this form is required following any restraint of a student. Copies must be submitted to the Principal within 24 hours of incident. Principal shall review, sign and forward to the Director of Student Services within 48 hours.

\*Parent must receive the written summary within 24 hours that includes: Student's name, date of incident, description of the intervention used and name of the contact person to be called for further information..

Date \_\_\_\_\_ Student \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_  
Use for consecutive restraints in same episode Time: \_\_\_\_\_ to \_\_\_\_\_  
Time: \_\_\_\_\_ to \_\_\_\_\_

Description of relevant events leading up to incident:

Description of any interventions used prior to implementation of physical restraint:

Description of the incident or student behavior that resulted in physical restraint:

\*Attach log of the student's behavior during restraint, including description of the restraint techniques used and any other interaction between student and staff.\*

Description of any injuries to student, staff, or others:

Description of any property damage:

List of school personnel who participated in the implementation (I), or monitoring (M) of physical restraint (label I or M):

Description of any planned approach to dealing with the student's behavior in the future:

Describe location including proximity of peers:

Transport used: Yes or No

Restraint used (circle one): High Level Seated Hold          Child          Team

Report completed by \_\_\_\_\_ Date: \_\_\_\_\_

Contact person (for questions or concerns): \_\_\_\_\_

Documentation of parent receipt of written summary (circle one)

mailed          emailed          hand delivered sent home with child

Additional contact:

Phone call made by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Message left to call by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Summary of parent contact:

Principal Review          Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Review          Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated September 2018