

**Union County Educational Services Commission
Physical Restraint Incident Report**

Student Name: _____ D.O.B.: _____

School: _____ Grade: _____

Teacher: _____ Sending District: _____

Incident Description

Date of Incident: _____ Location of Incident: _____

Time Physical Restraint Began: _____ Time Physical Restraint Concluded: _____

Certified Staff Member Responsible for Student: _____

Behaviors Leading to

Physical Restraint:

- ☐ Active Episode of Harm to Self
- ☐ Active Episode of Harm to Others
- ☐ Immediate Risk of Harm to Others
- ☐ Immediate Risk of Harm to Self

Type(s) of Physical Restraint:

- ☐ 1 Person Stability Hold
- ☐ 2 Person Stability Hold
- ☐ Floor Drop Transition
- ☐ Floor Seated Stability Hold
- ☐ Forward Transport
- ☐ Reverse Transport
- ☐ Chair Stability Hold
- ☐ 3 Person Supine Stability Hold
- ☐ Floor Hold Transition

Description of Self-Injurious and/or Aggressive Behaviors:

De-Escalation Strategies Attempted Prior to Physical Restraint:

Incident Participants

Participants involved Physical Restraint:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Witnesses to Physical Restraint:

Name: _____ Title: _____

Name: _____ Title: _____

Certified Staff Member Responsible for Submitting Incident Report

Name: _____

Title: _____

Staff Member's Signature Date _____ Certified

Nurse Screening

Was the student screened by the Nurse following Physical Restraint?	Yes	No
Date and Time of Screening: _____		
Did the student sustain a serious injury during Physical Restraint?	Yes	No
Were parent(s) notified of the injury sustained during Physical Restraint?	Yes	No

Description of Injury and Treatment:

Nurse's Signature

Date

Administrative Review and Follow-Up Recommendations

Name: _____ Title: _____

Follow-Up Actions:

- ☐ Notify Parents and Sending District of Incident/Physical Restraint
- ☐ Contact CST Case Manager to Schedule Team Meeting
- ☐ Behaviorist to Develop Behavior Intervention Plan
- ☐ Refer Student for Medical/Psychiatric Evaluation
- ☐ Disciplinary Action/Suspension
- ☐ Other: _____

Additional Recommendations

Administrator's Signature

Date

Behaviorist Review and Assessment

Does the student have any existing Behavior Intervention Plan?	In progress	Yes	No
Does the existing Behavior Intervention Plan require modification?		Yes	No
Were Crisis Restraint Techniques reviewed with staff following	Yes	No Physical Restraint?	

Additional Recommendations:

Behaviorist's Signature

Date

Parent Notification

Parent Name(s): _____

Contacted By: _____

Date and Time of Contact: _____

Summary of Contact:

District Notification

District Staff Name: _____

Contacted By: _____

Date/Time of Contact: _____

Summary of Contact:
