###### Brickstone School Department

## Physical Restraint/Crisis Intervention Report

Date of Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 name title/position

Person(s) who administered restraint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 name title/position

Physical restraint began at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ended at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Duration: \_\_\_\_\_\_\_\_\_\_\_\_

 time time minutes

Administrator informed following the restraint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 name (please initial) title/position

Observers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| Location and activity in which restrained student, other students and staff in the vicinity were engaged when the restraint occurred:  |
| Behavior prompting the restraint: |
| Description of de-escalation efforts and alternatives attempted: |
| Justification for initiating physical restraint/crisis intervention: |
| Description of the physical restraint/crisis intervention implemented |
| 1. Hold(s) utilized and rationale for type of hold:
 |
| 1. Student’s behavior/reactions during restraint:
 |
| 1. How restraint ended:
 |
| 1. Did an injury occur in the process of restraint? Yes \_\_\_\_\_ No\_\_\_\_\_

 If yes: Student and/or Staff injured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nature of the injury: |
| 1. Medical care provided (Include care provided, to whom, by whom):
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| Follow-up Action1. Further action(s) that the school has taken or will take:
 |
| 1. (if applicable) Development or modification of a behavior intervention plan as a result of the physical restraint (Include reference to any such plans contained in separate documents.):
 |

Parent(s) or guardian(s) of the student referenced in this report were informed about this restraint incident on

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Method of notification: \_\_\_\_\_\_ Letter

Contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Phone conversation

 Name/position of staff member

\_\_\_\_\_\_ Conference

\_\_\_\_\_\_ EMail