Revere Public School Physical Restraint Report

Student Student SASID Number		Date of Restraint				
		Student IEP: YES NO Position				
Report Prepared by						
			Time rest	traint began		AM/PM
Subject (circle one) Academic Enrichment Homeroom Study Hall Lunch Recess Other	Location of Re Classroom Hallway Cafeteria Gymnasium Bathroom Outside Other	estraint (ci	ircle one)	Length (circle one) < 1minute 1-5 minutes 5-10 minutes 10-20 minutes >20 minutes		
Staff administering restraint	:					
Name			Title			
Restrair	nt Trained 🛛 YES	□ NO				
Name			Title			
Restrain Observers (if any):	nt Trained D YES	□ NO				
Name			Title			
Name			Title			
Was anyone injured during	the restraint? 🗆 YES		l NO			
Description of injuries and me	dical care provided, in ar	ıy:				

Description of the child's behavior and reaction during the restraint; how the restraint ended; and how the child's well-being was monitored:

Description of why restraint hold was chosen:

Description of de-escalation techniques and alternatives to restraint that were attempted:

Description of disciplinary action taken:

Behavior that justified the need to use restraint:

If the restraint lasted longer than 20 minutes please provide an explanation for why an extended restraint was required:

Name of Principal or designee who was immediately notified and if necessary approved continuation beyond 20 minutes:

Administrator verbally informed of restraint: *Written Report by next working day

 Name
 Title

 Reported by
 Title

Parent/guardian who was informed of this restraint: *Must be within 24 Hours, written report within three working days with Opportunity for Parent Comment

Name	Phone		
Called by			

Restraint has been listed in	n school's ph	ysical restraint log:	\Box YES	Date:	
If student has been restrai	ned multiple	times within a week	x period Pr	incipal has review	ed circumstances
with the team: D N/A	DYES	Date:			
*Principal will review phy	sical restraiı	n log monthly to cons	sider patte	rns and need for a	dditional training