

Report of Physical Restraint or Seclusion

Student's Name:	School:
Date of Incident:	Time of Incident:

This is to notify you that the above named student was:

- Physically Restrained due to imminent risk of harm to:
 - self
 - others

- Secluded due to imminent risk of harm to:
 - self
 - others

for a period of _____ minutes. Measures were discontinued as soon as personnel determined the student no longer met the definition of imminent risk of harm.

Documentation of monitoring in 15 minute increments (initial):

Code: ✓ = Student OK; still poses imminent danger

C = Calming Begins

R = Released from Seclusion/Restraint

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All measures utilized were consistent with the Grant Parish Policies on Restraint and Seclusion, consistent with approved methods, and implemented by trained personnel. The student was continuously monitored and adjustments made accordingly, based on observations of behavior.

Parent was notified **as soon as possible** using the following:

Method _____ Time _____

Method _____ Time _____

Method _____ Time _____

(Details of phone conference to be maintained at school level)

Copies of this report must be sent to the following within 24 hours of the incident:

- School Administrator
- Parent
- Special Education Supervisor

Restrainer Signature: _____

Witness: _____

Administrator Signature: _____

Witness: _____