

Woonsocket Education Department Physical Restraint/Crisis Intervention Report

Date of Incident: _____ Date of Report: _____

School: _____ Student ID: _____

Person(s) who Administered Restraint:

Name: _____ Title/Position: _____
Name: _____ Title/Position: _____
Name: _____ Title/Position: _____

Observers:

Name: _____ Title/Position: _____
Name: _____ Title/Position: _____
Name: _____ Title/Position: _____

Physical Restraint began at _____ and ended at _____ Duration _____ Minutes _____

Administrator informed following restraint:

Name: _____ Title/Position _____ Administrator initials here (in ink)

Location and activity in which restrained student, other students, and staff were engaged when restraint occurred:

Behavior prompting the restraint: _____

Description of de-escalation efforts and alternatives attempted: _____

Description of the restraint :

(a) Holds used and rationale for type of hold: _____

(b) Student's behavior/reactions during restraint: _____

(c) How restraint ended: _____

d) Did an injury occur in the process of restraint _____ YES _____ NO

If yes: Student and/or Staff injured: _____

Nature of the injury _____

(e) Medical care provided (including care provided to whom, by whom: _____

Further action(s) that the school has taken or will take: _____

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:
Date _____ Letter _____ Phone _____ Conference _____ Email _____

Contact person (staff) - Name and position: