Avoyelles Parish School Board

Physical Restraint/Hold Form

Student Name: _____ Date of Report: _____ Gender: _____ Race: _____

School: _____ Grade: _____ Exceptionality: _____ Age:____

Date of Restraint/Hold: _____ Time of Restraint/Hold: _____Start time: _____ End time: _____

Specific location incident took place: _____

Teacher/Staff initiating Restraint/Hold: List everyone involved with restraint including **name**, **title,** and what **role they played**. Include names of witnesses: _____

_____

Procedure used during the physical/restraint hold was: _____

_____

Injuries: ____Yes ____No List details including visible marks or medical emergencies: _____

_____

Describe the events requiring the use of physical restraint: _____

_____

Describe any actions taken in an attempt to de-escalate the situation: _____

_____

Describe the student's behavior that suggests student posed an imminent risk of harm to self or others: _____

_____

Provide a description of the student's actions immediately following the student's release from physical restraint:

_____

_____

Time and Date of Parent Notification: _____ Method of Notification: _____

Name/Title of Person contacting Parent: _____

Has student been restrained/held and or secluded 3 or more times this year? _____YES _____NO

*If yes, it is **MANDATORY** that the IEP team be reconvened promptly to review and revise, if necessary, the BIP and/or appropriate behavioral supports. Additionally, the special education teacher, or the designee, shall review the student's plan at least once every 3 weeks.

Signature of Person Initiating Restraint/Hold: _____

Signature of School Administrator: _____

Nurse/School Health Designee: _____

Additional Space for Signature(s) and Job Title(s): _____

This form must be completed within 24 hours. Copies must be sent to Parent, Supervisor of SPED, and Principal within that time period. Please email a copy to SER Data Manager, Tammy Lemoine at talemoine@avoyellespsb.com

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