Use of Restrictive Procedure – Physical Holding			
Student Name:	ID:	DOB:	Grade:
School:			
Ethnicity: Is the student Hispanic/Latino? What is the student's Race? (choose one or more)  Yes No American Indian or Alaska Native Asian  Black or African American  Native Hawaiian or Pacific Islander  Directions: The staff person who implemented or oversaw a physical hold must complete this form each time a			
Staff Involved:	D. W.	n i	77 · 1
Name:	Position	Role	Trained
	_	_	Yes \( \subseteq No
	_	_	
		_	
	_	_	Yes \( \subseteq No
			Yes $\square$ No
Person completing form:		Title:	
EMERGNCY			
Was physical holding used to protect student or others from physical injury:   Yes No			
Description of the emergency situation:			
Description of the incident that led to physical holding:			
PHYSICAL HOLDING			
Description of the physical holding and a brie	ef description of the stud	lent's behavioral and phy	sical status:

Was physical holding the least intrusive intervention to effectively respond to the emergency?  Yes No Explain why a less restrictive intervention failed or was determined by staff to be inappropriate or impractical:			
Did physical holding end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity? Yes No Explain:			
Did staff directly observe the child during physical holding?			
Did staff sustain an injury as a result of the physical holding:  Yes  No  Did the student sustain an injury as a result of the physical holding:  Yes  No			
Time physical holding began: Ended: Total time:			
Removal From School			
Was the student removed from school by a police officer at the request of school personnel:			
Parent Notification			
Parents must be notified the same day a restrictive procedure is used. A written or electronic notice must be sent home within two (2) days if unable to notify on the same day.			
Parent: Date: Time:			
Notified by:			
How notified:			