

RESTRAINT REPORT

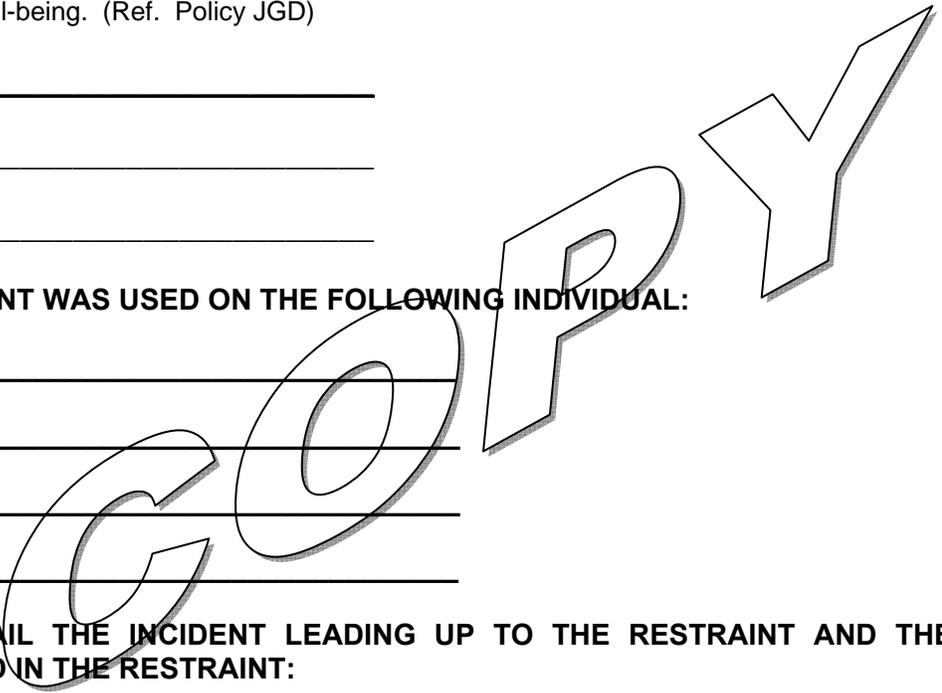
This is just a copy of the Restraint Report. You should have triplicate form in your building.

The purpose of the restraint policy is to provide for the appropriate use of restraints and to protect students from harming themselves, other students, staff or property in a manner that protects the student's dignity and well-being. (Ref. Policy JGD)

TO: _____

PHYSICAL RESTRAINT WAS USED ON THE FOLLOWING INDIVIDUAL:

Name of Student _____
Name of School _____
Grade of Student _____
Date of Incident _____



DESCRIBE IN DETAIL THE INCIDENT LEADING UP TO THE RESTRAINT AND THE PROCEDURES USED IN THE RESTRAINT:

FOLLOW-UP ACTIONS REQUIRED BY THE SCHOOL? Yes No

INDIVIDUAL(S) PARTICIPATING IN THE PHYSICAL RESTRAINT:

Name: _____ Title: _____
Witness (If Present): _____ Title: _____

**Parent/Guardian contacted by: Phone Letter In-Person

Signature of Principal Date