

GADSDEN INDEPENDENT SCHOOL DISTRICT **Documentation of Restraint of Student**

Direction to employee

- This report must be completed by the individual performing the restraint and submitted to the Director of Special Education Department after any physical restraint of a student with an IEP.
- If the student involved is not a student with an IEP, this report must be submitted to the Administrator handling the incident.
- This report must be sent within 24-hours of the administration of the restraint.

Identifying Information			
School			
Student Name	-		ID#
Student Name			1D#
Date/Time of Restraint			
Date of submission of this report			
Student Age	Gender		Grade Level
Does Student have an IEP?	□ YES		□NO
If YES, name of Case Manager			
If NO, name of Administrator hand	Iling the incident		
This report prepared by		Signature	
Title/Position		Telephone	
Staff Administering Restraint			
Name		Title/Position	Restraint Certification Type/Expiration:
Name		Title/Position	Restraint Certification Type/Expiration:
Name		Title/Position	Restraint Certification Type/Expiration:
Name		Title/Position	Restraint Certification Type/Expiration:
Observers (if any)			
Name		Title/Position	
Name		Title/Position	

Description of the Event Requiring Restraint			
Location and activity where restraint occurred			
Description to help with a provinced postuping			
Precursor to behavior which required restraint			
De-escalation techniques used prior to restraint			
CPI hold(s) utilized and rational for type of hold			
Student behavior/reaction during restraint			
Statell believior teaction daring restraint			
How CPI restraint ended			
Duration of restraint			
Did an injury to student or staff occur during restrain	t2 If yes etteched purse's report		
Did an injury to student or start occur during restrain	it! If yes, attached hurse's report.		
Administrator (or designee) who was verbally			
Name	Title/Position		
Reported by	Title/Position		
Parent/guardian who was informed of this res			
Name	Telephone		
Contacted by	Title/Position		
Date and type of contact			
Date and type of contact			
Further Actions to be Taken			
Date of staffing (Required if restraint is used two or	more times in thirty-calendar-day period)		
As a result of staffing, does student require updated l	FBA/BIP?		