

**PHYSICAL RESTRAINT INCIDENT REPORT (FORM B)**

Physical restraint is defined by Louisiana State Law *R.S 17:416.21* as “bodily force used to limit a person’s movement *A.(3)(a)*”, is “for more than five minutes in any given hour or class period for the protection of the student or others *A.(3)(a)(ii)*.” Physical restraints shall be used only when: “a student’s behavior presents a threat of imminent risk of harm to self or others **AND** as a last resort to protect the safety of self and others” *C.(1)(a)*, “to the degree necessary to stop dangerous behavior” *C.(1)(b)*, and “in a manner that does not cause physical injury to the student, results in the least possible discomfort, and does not interfere in any way with the students ability to breath or communicate with others” *C.(1)(c)*.

Student Name:		Date of Birth:	Number of Incident: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>
<input type="checkbox"/> IEP	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> BIP	<input type="checkbox"/> Rtl
Grade:		School:	

<b>Incident Description</b>		
Date Incident Occurred:	Time restraint began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time restraint ended: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) that lead to restraint:	
Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	Description of activity in which the restrained student or other students were engaged in immediately preceding use of physical restraint:	
Thorough description of efforts made to de-escalate and alternatives to physical restraint that were attempted:		
Restraint methodology used:		Physical restraint hold(s) used:
Student’s behavior during restraint:		Student’s behavior after restraint:

**COPY: School Disciplinarian/Designee  
Student’s SPED Folder (if applicable)  
Louisiana Department of Education**

**Special Education Supervisor  
Student’s parent/guardian**

<p>Why was the use of physical restraint necessary?</p>	<p>How restraint ended (<i>check all that apply</i>):</p> <p><input type="checkbox"/> Determination by staff member that student was no longer a risk to himself or others</p> <p><input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation</p> <p><input type="checkbox"/> Law enforcement personnel arrived</p> <p><input type="checkbox"/> Staff sought medical assistance</p> <p><input type="checkbox"/> Other (<i>describe</i>):</p>
<p>Staff member(s) responsible for continuous monitoring of student's status during the physical restraint:</p>	<p>Description of any injury to student and/or staff and any medical or first aid care provided:</p>

<b>Staff administering restraint</b>				
Name	Position	Certified to administer restraints	Name of approved restraint methodology	Received prior restraint training
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Observers</b>	
<p>Staff members/other adult witnesses (<i>include name and position</i>):</p>	<p>Student(s):</p>

<b>Parent Notification<sup>1</sup></b>		
<p>Name of parent(s) contacted:</p> <p>Phone #:</p> <p>Date and time of contact:</p> <p><input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p>	<p>Documented attempt to contact parent if unable to contact verbally (<i>describe</i>):</p>	<p>Contacted by the following staff member (<i>include name and position</i>):</p>

This report has been prepared by:

\_\_\_\_\_

(Name) (Position) (Date)

<sup>1</sup> Verbal or written notification of parents or guardians following the use of physical restraint is required by the end of the day the incident occurred. OAR 581-021-0062(2)(g)

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**Special Education Supervisor**  
**Student's parent/guardian**

### Physical Restraint Incident Debriefing Notes

Within two (2) school days of use of physical restraint, a documented debriefing by appropriate staff, including staff involved in the restraint must occur. The purpose of the debriefing is to review the incident and take any necessary actions to reduce the chances that such an incident will reoccur. Those attending the debriefing meeting shall have the opportunity to review the Physical Restraint Report documenting the incident.

Debriefing Information		
Date of Debriefing:	Time of Debriefing Meeting:	Location:
Debriefing Notes:		
Further Action(s) to be taken:		

<u>Signatures of those attending the debriefing meeting</u>	<u>Position</u>
	Teacher
	Principal or administrator
	Behavior Intervention Specialist

This report has been prepared by \_\_\_\_\_  
 (Name) (Position)

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 Student's parent/guardian**