Hopkinton Public Schools

PHYSICAL RESTRAINT REPORT

STAFF MEMBER MAKING REPORT: _____ DATE: _____

STUDENT: _____

DATE OF RESTRAINT: _____

STAFF ADMINISTERING RESTRAINT: _____

STAFF WITNESSING RESTRAINT: _____

TIME RESTRAINT BEGAN: _____ ENDED: _____

JUSTIFICATION FOR RESTRAINT: _____

ADMINISTRATOR WHO WAS VERBALLY INFORMED: _____

DESCRIPTION OF RESTRAINT (to include behavior prompting the restraint, efforts to de-escalate, alternatives to restraint that were attempted, holds that were used, student's behavior during restraint, how the restraint ended, documentation of any injury to student or staff) Use additional pages if needed.

Building Administrator

PARENT CALLED: _____ _____ RESULT OF DISCUSSION: _____
who was called? by whom?

WRITTEN REPORT MAILED: _____ TO ADDRESS: _____
Written report within 3 school working days by whom?

CONFIRMATION ABOVE REPORT RECEIVED BY PARENT: _____ _____
DATE ADMINISTRATOR INITIALS

FURTHER ACTION TO BE TAKEN:

When a restraint has resulted in a serious injury to a student or a staff member or when an extended restraint has been administered, the building administrator will provide a copy of the report to the Department of Education within five school working days of the administration of the restraint. The school must also provide a copy of the PHYSICAL RESTRAINT LOG for the thirty day period prior to the date of the restraint.

Adoption Date: November 21, 2002

Hopkinton School Committee
Hopkinton, Massachusetts