

Please complete this page for EACH restraint and/or Transport during the episode

Per DESE 603 CMR 46.06 (4)(b)

Restraint/Transport # _____ (Please record the number in sequence of their occurrence during the episode)

Location of Restraint: _____

Start Time of Restraint/Transport: ____:____ a.m. / p.m. End Time of Restraint/Transport: ____:____ a.m. / p.m.

Staff Administering this Restraint/Transport: _____ and _____

Please complete sections below for this restraint/transport

Activity engaged in prior to Restraint / Transport (check all that apply)	Behaviors exhibited that prompted the Restraint / Transport (check all that apply)	De-escalation and alternatives Attempted (check all that apply)	Justification for Restraint / Transport (check all that apply)
<input type="checkbox"/> Academic task: _____ <input type="checkbox"/> Social: _____ <input type="checkbox"/> Transition: _____ <input type="checkbox"/> Down Time: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Aggression to Others <input type="checkbox"/> Self-Injury <input type="checkbox"/> Other: _____	<input type="checkbox"/> Offered choice; reduce demands <input type="checkbox"/> Prompted calming strategies <input type="checkbox"/> Offered different location/break <input type="checkbox"/> Safety Care: Help, Prompt, Wait <input type="checkbox"/> Other: _____	<input type="checkbox"/> Danger to self risk <input type="checkbox"/> Danger to others risk <input type="checkbox"/> De-escalation unsuccessful <input type="checkbox"/> Other: _____

Other Information: (Other pertinent information not covered by above)

Per DESE 603 CMR 46.06 (4)(c)

Type of restraint/transport during episode	<input type="checkbox"/> Safety Care 1-person stability hold <input type="checkbox"/> Safety Care 2-person stability hold <input type="checkbox"/> Safety Care chair stability hold	<input type="checkbox"/> Safety Care 2-person stability hold - forward transport <input type="checkbox"/> Safety Care 2-person stability hold - reverse transport
Student Behavior during restraint/transport	<u>Physical Presentation</u> <input type="checkbox"/> Calm: No resistance or minimal resistance <input type="checkbox"/> Agitated: Some mild/mod resistance <input type="checkbox"/> Aggressive: Active, intense resistance <input type="checkbox"/> Other: _____	<u>Verbal Presentation</u> <input type="checkbox"/> Yelling/Screaming <input type="checkbox"/> Verbal threats of harm or self harm <input type="checkbox"/> Crying <input type="checkbox"/> Profanity, Swearing, Cursing <input type="checkbox"/> Other: _____
How restraint/transport ended:	<input type="checkbox"/> Fixed Time release (2 min) <input type="checkbox"/> Due to injury <input type="checkbox"/> Loss of grip/hold <input type="checkbox"/> Transported to location <input type="checkbox"/> Other: _____	Notes:
Any injuries incurred during restraint/transport	<input type="checkbox"/> No <input type="checkbox"/> Yes (Complete Nurse/Medical Incident Report) Student Name: _____ Nurse check Student @ ____:____ a.m./p.m. Staff Name: _____ Nurse check Staff @ ____:____ a.m./p.m.	Notes:

If **Extended Restraint** (20 minutes or more) then please complete the Official DESE form and submit within 5 working days