

Hopkinton Public Schools
Physical Restraint Report (Under 20-minutes)
 Per DESE 603 CMR 46.06(4) - Contents of Report

Per DESE 603 CMR 46.06 (4)(a)

<i>Staff Member Reporting:</i> <i>Reporting Staff's Role:</i>		<i>Date of Report:</i>
<i>Student Name:</i> <i>School/Grade:</i>		<i>Date of Incident:</i>
<i>Episode Start: ____:____ am pm</i>	<i>Episode End: ____:____ am pm</i>	<i>Total Episode Duration: ____hrs ____mins</i>
<i>Total # of Restraints: _____</i>	<i>Total # of Escorts: _____</i>	<i>Total Duration of Restraints/Escorts:</i> <i>_____minutes _____seconds</i>
<i>Name of Administrator Verbally Informed:</i>		
<i>Nurse Check-in: 1) ____:____ am pm 2) ____:____ am pm, Notes:</i>		

Staff Present During Episode/Restraint(s)

Staff Name	Staff Title/Role	Administer (A) Witness (W)
		A W
		A W
		A W
		A W
		A W

Per DESE 603 CMR 46.06 (4)(e)(f)

Parent Contact: Date: ___/___/___ Time: ___:___ am pm

<i>Parent Called (name):</i>	<i>By (staff name/title):</i>
<i>Result of Call:</i> <input type="checkbox"/> Direct Contact <input type="checkbox"/> No Answer, Left Message <input type="checkbox"/> No Answer, No message <input type="checkbox"/> Other:	
<i>Form Delivered:</i> <input type="checkbox"/> Via Postal Mail <input type="checkbox"/> Via Email @ _____ <input type="checkbox"/> In Person to: _____ Address: _____	
<i>Disciplinary Action:</i> <input type="checkbox"/> None at this time <input type="checkbox"/> Other: Suspension: <input type="checkbox"/> In-School:Day # ___ <input type="checkbox"/> Out-School: Day #___	<i>Further Actions:</i>
<i>Principal Signature/Date Upon Completion:</i> <i>Signature</i> <i>Date</i>	

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

Per DESE 603 CMR 46.06 (4)(b)

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

Location of Restraint: _____

Start Time of Restraint/Escort: _____:_____ am pm - End Time of Restraint/Escort: _____:_____ am pm

Staff Administering this Restraint/Escort: _____ and _____

Please complete sections below for this restraint/escort

Activity engaged in prior to restraint/escort <i>(check all that apply)</i>	Behaviors Exhibited that prompted the restraint/escort <i>(check all that apply)</i>	De-escalation and alternatives attempted <i>(check all that apply)</i>	Justification for restraint/escort <i>(check all that apply)</i>
<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"/> Per BIP Guidelines <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"/> SafetyCare: Help, Prompt, Wait <input type="checkbox"/> Followed BIP Guidelines <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/escort during Episode	<input type="checkbox"/> Safety Care 1-person stability hold <input type="checkbox"/> Safety Care 2-person stability hold- forward escort <input type="checkbox"/> Safety Care 2-person stability hold <input type="checkbox"/> Safety Care 2-person stability hold- reverse escort <input type="checkbox"/> CPI Children's Control Position <input type="checkbox"/> CPI Team Control Position <input type="checkbox"/> CPI Transport Position <input type="checkbox"/> Other: _____	
Student Behavior during restraint/escort:	<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/escort ended:	<input type="checkbox"/> Fixed Time release (2 mins), <input type="checkbox"/> Due to Injury <input type="checkbox"/> Loss of grip/hold <input type="checkbox"/> Escorted to location <input type="checkbox"/> Other (explain): _____	
Any Injuries Incurred during restraint/escort:	<input type="checkbox"/> No <input type="checkbox"/> Yes: (Complete Nurse/Medical Incident Report) <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Nurse check Student @ _____:_____ am pm <input type="checkbox"/> Nurse check Staff @ _____:_____ am pm	

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