

	Use of Restrictive Procedures: Physical Holding
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Student: _____ ID: _____ Date: _____
 School: _____ Grade: _____ DOB: _____
 Gender: _____ Primary Disability: : _____

Part A. Is the student Hispanic/Latino? Part B. What is the student's race? (*Choose one or more*)

☐ Yes ☐ No

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ White

☐ Native Hawaiian or Other Pacific Islander

Directions: The staff person who implemented or oversaw a physical hold must complete this form each time a physical hold is utilized.

Staff involved:

Name of Staff	Title

Person completing this form: _____ Position: _____ Phone: _____

EMERGENCY

Was physical holding used to protect student or others from physical injury? ☐ Yes ☐ No

Description of the emergency situation:

Description of the incident that led to physical holding:

PHYSICAL HOLDING

Description of the physical holding and a brief description of the student's behavioral and physical status:

Was physical holding the least intrusive intervention to effectively respond to the emergency? ☐ Yes ☐ No

Explain why a less restrictive intervention failed or was determined to be inappropriate or impractical:

Did the physical holding end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity: ☐ Yes ☐ No
Explain:

Did staff directly observe the child during the physical hold: ☐ Yes ☐ No
Explain:

Did staff sustain an injury as a result of the physical holding: ☐ Yes ☐ No
Did the student sustain an injury as a result of the physical holding: ☐ Yes ☐ No

Time physical hold began: _____ Ended: _____ Total Time: _____

PARENT NOTIFICATION

Parents must be notified the same day a restrictive procedure is used. A written or electronic notice must be sent home within two (2) days if unable to notify on the same day.

Parent: _____ Date: _____ Time: _____

Notified by: _____

How notified: _____