

## Woonsocket Education Department Physical Restraint/Crisis Intervention Report

Date of Incident

Date of Report

Person(s) who Administered Restraint:

Student ID:

Name:

Title/Position:

Name:

Title/Position:

Name:

Title/Position:

Observers:

Name:

Title/Position:

Name:

Title/Position:

Name:

Title/Position:

Physical Restraint began at

and ended at

Duration

minutes

Administrator informed following restraint:

Name:

Title/Position

Administrator initials here (in ink)
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Location and activity in which restrained student, other students, and staff were engaged when restraint occurred:
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Behavior prompting the restraint:
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Description of de-escalation efforts and alternatives attempted:
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Description of the restraint :
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(a) Holds used and rationale for type of hold:

(b) Student's behavior/reactions during restraint:

(c) How restraint ended:

(d) Did an injury occur in the process of restraint  Yes  No

If yes: Student and/or Staff injured:

Nature of the injury

(e) Medical care provided (including care provided to whom, by whom:

Further action(s) that the school has taken or will take:
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Development or modification of a behavior intervention plan as a result of the physical restraint (include reference to any such plans contained in separate documents)
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Parent(s) or guardian(s) of the student referenced in this report were informed about this restraint:				
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Date	Letter <input type="checkbox"/>	Phone <input type="checkbox"/>	Conference <input type="checkbox"/>	Email <input type="checkbox"/>
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Contact person (staff) - Name and position:
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