



Describe observed student and school employee behaviors that followed the physical restraint:

---

---

---

Describe de-escalation techniques and interventions utilized following the physical restraint:

---

---

---

Describe any injuries to the student or school employees:

---

---

---

Describe future alternatives to physical restraint that will be utilized:

---

---

---

**Signatures:**

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Notification to Parent:**

Type: \_\_\_\_\_ Time: \_\_\_\_\_ By whom: \_\_\_\_\_

Date Information Provided to Parent: \_\_\_\_\_ By whom: \_\_\_\_\_

**Notification to Site Administrator:**

Type: \_\_\_\_\_ Time: \_\_\_\_\_ By whom: \_\_\_\_\_

