**Documentation of Physical Management**

Student Name: \_\_\_\_\_\_\_\_\_\_\_ School/Program \_\_ Program Site \_\_\_\_\_\_\_ Date:

 Location: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Begin Time:  End Time:  Duration:

Describe the Location, setting, classroom activity, staff members present at the onset of the event.

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 Describe any relevant events leading up to the incident.

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 Describe any positive behavioral interventions used prior to the physical management.

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Describe the incident and/or student behavior(s) that resulted in isolated time out and/or physical management.

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**Type of restrictive intervention used:**

**X** **Physical restraint**: *“Holding a student or otherwise restricting his/her movement.” This does not include momentary periods of physical restriction to prevent a student from completing an act that would result in harm or damage, or removing a disruptive student from an area who is unwilling to leave voluntarily.”*

Describe the student behavior and interaction with staff during physical management.

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Injuries:Student: YesNo Staff: Yes  No Property damage: Yes  No

If yes, describe:

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Was medical attention administered: School Nurse completes accident/injury report

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| Attach nurse’s report |

Describe the planned approach to dealing with student’s behavior in the future.

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School personnel, who participated in, monitored and/or supervised the physical restraint.

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Parent/guardian telephone contact made by Date Time: \_\_ a.m. /p.m.

Parent/guardian comments, concerns, and/ or suggestions as conveyed to staff member:

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**Upon the third instance of physical management, the parents are invited to participate in an IEP review, unless waived.       Parents and District representatives are invited to participate in an IEP review. Notification of conference will be sent via U.S. Mail within 24 hours**

**They were invited by      \_\_\_\_\_\_\_ on      \_\_\_\_ by \_\_\_\_\_\_Phone** **E-mail** **U.S. Mail**

**District Representative Contacted \_\_     \_\_\_\_\_\_\_ By:       \_\_\_\_\_\_\_\_ Via:** \_\_\_\_\_\_\_\_\_

**Parental Notice of Physical Restraint letter was mailed to parents by \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_     \_\_\_\_\_\_\_\_**

A licensed educator will conduct an evaluation of appropriateness of continuing the physical management upon the 3rd instance of physical management; or when a restraint exceeds 15 minutes; or repeated episodes occur during any three-hour period. A written report will address the student’s potential need for medication, nourishment, use of restroom, need for alternate strategies (assessment by mental health crisis team, assistance from police, transportation by ambulance, potential need for an alternative program). Attach the evaluation report.