

**REPORT OF INCIDENT REQUIRING USE OF PHYSICAL RESTRAINT**

The purpose of this Report is to comply with State Board of Education Rule 160-5-1-.35 so as to provide written documentation of an incident which occurred at \_\_\_\_\_ School and required the use of physical restraint by a staff or faculty member upon the student named herein.

This report should be fully completed and signed by the staff or faculty member(s) who participated in or supervised the use of physical restraint upon the student. If more than one student required physical restraint in the incident, a separate report must be completed for each student so restrained.

**Date of Incident:** \_\_\_\_\_

**Name of Student Restrained:** \_\_\_\_\_

**Location of Restraint (e.g. lunch room, class room #, gym etc.):** \_\_\_\_\_

**Description of Restraint Used (e.g. type/extent of physical contact used to restrict Student's movement):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Observations of Student Behavior and Physical Status while Restrained:** \_\_\_\_\_

\_\_\_\_\_

**Injuries to Student or Staff/Faculty:** \_\_\_\_\_

\_\_\_\_\_

**Total time student was Restrained:** \_\_\_\_\_

**Name(s) and Signature(s) of Staff/Faculty participating in or supervising Restraint:**

\_\_\_\_\_  
(Printed Name) (Signature)

\_\_\_\_\_  
(Printed Name) (Signature)

**Report Date:** \_\_\_\_\_