



**Use of Restrictive Procedures: Physical Holding**

Student:

ID:

Date:

School:

Grade:

DOB:

Gender:

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:

Time physical hold began:                  Ended:                  Total Time:

PARENT NOTIFICATION
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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: