

Student Name: _____ Date: _____ Site: _____

Start Time:	Release Time:
Type of hold	
Specific location	
Person(s) administering hold	
Persons(s) monitoring hold	
Person(s) completing this form	
Person who called for hold/continuation of hold	
Certified Staff Signature Required	

Incident Description:

What was the activity in which the student was engaged just prior to the restraint?	
Describe the risk of immediate or imminent injury to the student restrained or to others that required the use of restraint.	
Which de-escalation strategies were implemented prior to the hold? What was done to avoid it?	
Indicate times the student was monitored for signs of physical distress and if any signs of physical stress were noted.	
Describe the student's disposition after being released from the hold?	
Did student process? Y or N	
Describe the outcome	

Documentation:

Date this form was submitted to school administrator			
Was the parent notified within 24 hours?		How was the parent notified?	
Administrator's Signature			