

**WARREN COUNTY SCHOOLS
Exceptional Children Program**

Documentation of Physical Restraint

Student: _____ Date of Incident: _____

Teacher: _____ Type of Classroom: _____

Time Restraint Began: _____ AM PM Time Restraint Ended: _____ AM PM

Staff Involved with the Restraint (Indicate Position):

_____	_____
_____	_____
_____	_____

1. Give a brief description of the circumstances leading to the incident:

2. What was the specific behavior which warranted the physical restraint?

3. Briefly describe the behavior of the student during the restraint:

4. Briefly describe the student's behavior after the restraint:

5. After the restraint, what interventions or other types of resolutions were utilized?

Please attach any additional narrative of the incident.