

Tulpehocken Area School District  
Written Summary of Restraint Use

Student Name:

Date of restraint:

Time began:

Total Duration:

Location of Restraint:

Nature of restraint:

Duration:

Nature of restraint:

Duration:

Nature of restraint:

Duration:

Nature of restraint:

Duration:

Trained in Safety Care?

Staff Members Involved in Restraint:

Yes      No

Yes      No

Yes      No

Activity in which student was engaged immediately preceding the use of restraint (Antecedent):

Student's behavior that prompted the restraint:

Imminent serious physical harm to themselves.

Imminent serious physical harm to others.

Describe student behavior(s) that prompted physical restraint:

Efforts made to deescalate the situation/alternatives to restraint:

Prompt      Wait      Help      Provide Choices      Calming Techniques

Removal of other students      Voluntary removal of student to other location

Other:

Name of Administrator Contacted:

Time Nurse Contacted:

Did an injury occur?      No      Student      Staff      Other:

Person Who Contacted Parent:

Name of Parent Contacted:

Phone Number:

Date of Parent Contact:

Time of Parent Contact:

Relevant information from parent contact:

Outcome of debriefing with student:

Person Completing Form:

Date: