.		Use of Restrictive Procedures: Physical Holding
Student:	ID:	Date:
School:	Gra	nde: DOB:
Gender:		
Part A. Is the student Hispanic/Latino?		t is the student's race? (<i>Choose one or more</i>) merican Indian or Alaska Native

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:	

Person completing this form: Position:

EMERGENCY

 \Box Yes \Box No

Was	physical holding used to	protect student or others	from physical injury?
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Desecription 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 i	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: Explain:	□ Yes □ No
Did staff directly observe the child during the physical hold: Explain:	□ Yes □ No

Time physical hold began:	Ended:	Total Time:				
PARENT NOTIFICATION						
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: