

**Use of Physical Restraint
District Review Form**

Student name _____ School _____

Date of restraint _____ Date of previous restraint(s) _____

Did a physical restraint appear to be warranted? Yes / No

_____ an emergency existed

_____ the restraint was not used to gain compliance

_____ the restraint was not used solely to prevent destruction of property

_____ the restraint could have been prevented by removing others from the setting

Were less restrictive measures utilized by the team? Yes / No

Does the student's IEP/504 plan adequately address the issues that led to the physical restraint? Yes/No

Does the student's IEP/504 or behavior plan include informed parent permission for restraint? Yes / No

Does a pattern exist?

Student behavior _____

Staff involvement _____

Other issues _____

Follow-up needed:

IEP team meeting to review behavior plan, IEP, etc. _____

Staff/team CPI review _____

Other follow-up _____

Review completed by _____
District Behavior Coordinator

Date _____

Revised: October 2007