JEFFERSON PARISH SCHOOLS
PHYSICAL RESTRAINT REPORT FORM

Student Name _____ Date of Report _____

School _____ Grade _____ Exceptionality _____

Date of Restraint _____ Start Time _____ End Time _____ Length of Time of Restraint _____

Staff Initiating Restraint _____

Procedure Used as Physical Restraint: _____

Injuries Yes ☐ No ☐ Details _____

Describe behavior of student and environmental situation precipitating physical restraint _____

Location _____ Students/Staff Present _____

Activity Preceding Restraint _____

Possible Triggers _____

Was parent notified? ☐ Yes ☐ No Date & Time of Notification _____

Method of Notification _____ Person Contacting Parent _____

Has the student with an exceptionality been secluded and/or restrained 5 or more times this year? ☐ Yes ☐ No

If YES, it is MANDATORY that the IEP Team be convened promptly to review and revise, if necessary, the BSP and/or appropriate behavioral supports.

Other comments or observations _____

_____ _____

Person Initiating Restraint Signature School Administrator Signature

SUBMIT THIS COMPLETED FORM WITHIN 24 HOURS OF INCIDENT TO: seclusionandrestraint@jpschools.org

THE PARENT AND PRINCIPAL MUST RECEIVE A COPY OF COMPLETED FORM WITHIN 24 HRS. OF INCIDENT