



Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4096

Telephone: (781) 338-3700
TTY: N.E.T. Relay 1-800-439-2370

Physical Restraint Report 603 CMR 46.06(5)

NOTE: This report is required to be submitted to the Department of Elementary and Secondary Education, Director of Program Quality Assurance Services, by a publicly funded education day program after 1) physical restraint of a Massachusetts student lasting longer than twenty (20) minutes or 2) physical restraint of a Massachusetts student that results in serious injury requiring emergency medical intervention to a student or staff member. This report must be sent to the ESE within five (5) school working days of the restraint.

IDENTIFYING INFORMATION:

Name of School District, Charter School, Educational Collaborative or
Approved Private Special Education Day Program: _____

Name of Student: _____ Date of restraint: _____

Date of birth: _____ Age: _____ Gender: M / F _____ Grade level: _____

Does student currently receive special education services? Yes: No:

Date of this report: _____ Site of restraint: _____

This report prepared by: _____ Position: _____

Address: _____ Telephone: () _____

Staff administering restraint:

Name: _____ Title: _____ Completed in-depth restraint training program:
No Yes

Name of restraint methodology: _____

Name: _____ Title: _____ Received prior restraint training: Yes No

Observers (if any):

Name: _____ Title: _____

Name: _____ Title: _____

Administrator who was verbally informed following the restraint:

Name: _____ Title: _____

Reported by: _____ Title: _____

Parent who was informed of this restraint:

Name: _____ Telephone: () _____

Called by: _____ Title: _____

PRECIPITATING ACTIVITY:

Thorough description of activity in which the restrained or other students were engaged immediately preceding use of physical restraint:

Behavior that prompted and justified the restraint:

Thorough description of efforts made to deescalate and alternatives to restraint that were attempted:

DESCRIPTION OF PHYSICAL RESTRAINT:

Justification for initiating physical restraint (*check all that apply*):

- Non-physical interventions were not effective
- To protect student from imminent, serious, physical harm
- To protect other student/staff from imminent, serious, physical harm
- To implement necessary restraint in accordance with the student's IEP or other written plan (*describe pertinent provisions of the IEP or other written plan*):

Describe holds used and why such holds were necessary:

Student's behavior and reaction during restraint:

Time restraint began: _____ Time restraint ended: _____

CESSATION OF RESTRAINT:

How restraint ended (*check all that apply*):

- Determination by staff member that student was no longer a risk to himself or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought medical assistance
- Other (*describe*):

Description of any injury to student and/or staff and any medical or first aid care provided:

Incident report was filed with the following school district official: _____.

FOR EXTENDED RESTRAINTS (beyond twenty (20) minutes):

Alternatives to extended restraint that were attempted:

Outcome of those efforts:

Justification for administering extended restraint:

FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary.)

The school will take the following action and/or disciplinary sanctions (*check as many as apply*):

- Review incident with student to address behavior that precipitated the restraint.
- Review incident with staff to discuss whether proper restraint procedures were followed.
- Consider whether follow-up is necessary for students who witnessed the incident.
- Conduct a local investigation of any complaint regarding this restraint (*describe investigation procedures*):
- Disciplinary action/sanctions taken by the program (*describe*):
- Contact with parents, responsible school district, other state agency (*describe*):

PARENT/GUARDIAN NOTIFICATION (*required for all reported restraints*):

Verbally informed of physical restraint on _____ by teacher/administrator/other or documented attempts to contact verbally (*describe*):

Written report sent within 3 school working days of administration of restraint to parent/guardian on _____ by _____ (*teacher/administrator/other*) at the following address:

- Sent in native language of the parent/guardian (*language*): _____

Parent/guardian was offered opportunity to discuss the administration of physical restraint and/or disciplinary sanctions with teacher/administrator. Results of discussion (*Attach separate page if necessary*):

- The required copy of the log of all physical restraints for all students in this day program is attached to this report for ESE review. This record of physical restraints is required to be maintained by the day program administrator or Principal for the 30-calendar day period prior to date of this reported restraint. The log must indicate dates of each restraint, student initials and length of each restraint.**