

USE OF UNPLANNED PHYSICAL RESTRAINT SUMMARY

(To be used for unplanned physical restraints)

School:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Day: _____ Month: _____ Year: _____
Exceptionality:	
Placement:	

STAFF USING PHYSICAL RESTRAINT	
Position(s):	
Trained in CPI:	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Date of restraint: _____</p> <p>Reason for using restraint:</p>
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Principal's Name/Signature

Date Report Completed

**PLEASE SUBMIT TO THE APPROPRIATE
Assistant Superintendent-Learning Services- Special Education**