



TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

EMERGENCY USE OF PHYSICAL RESTRAINT

Student's Name: _____

Student's Grade: _____ School: _____

Incident Location: _____ Incident Date: _____

Time physical restraint began: _____ Time physical restraint ended: _____

Name(s) of person(s) involved: _____

Physical restraint was used because there was an immediate threat of harm to: ___self, ___others, ___property. The physical restraint was used only for the time necessary to prevent the student from posing an immediate threat of injury to self or others.

Physical restraint was used after less intrusive interventions had failed.

List interventions attempted: _____

Detailed description of incident: _____

School/program administrator notified: Date: _____ Time: _____

Parent/guardian notified: Date: _____ Time: _____

Dates and records of all follow-up actions: _____

Individual Completing Form: _____ Date: _____