SUNNYSIDE UNIFIED SCHOOL DISTRICT NO. 12

Report of Physical Restraint

Student Name	School
Person(s) involved in the restraint	
Presenting Behaviors: See checklist on reve	erse side.
Progression of Interventions: See checkling	st on reverse side.
Description of Restraint Procedures Ut	ilized:
Cont to Coloral Names	V
	Yes by School Nurse for Physical Injury:
Signature of staff involved in restraint	Signature of Principal/Designee
Signature of Nurse (if consulted)	Parents Notified? If yes, date, time

A restraint is a situation where either the arms or the legs of the adult are used to encircle and hold the student, to keep him/her from inflicting harm to self or others.

PRESENTING BEHAVIORS

PROGRESSION OF INTERVENTIONS

Disrupting Class:	Escalating Behavior:
 Inappropriate Language Noise Making Excessive Talking Gang Signs Verbal Teasing/Name Calling Banging/Tapping 	Mediation for Student ConflictsVerbal RemindersRedirectingContracts/IncentivesOffer of ChoicesLoss of PrivilegesTimeout in RoomTimeout in Other ClassroomOther:
Aggressive Behavior:	Counseling:
 Hitting/Pinching Kicking Biting Spitting Throwing Objects Physical Fighting Damaging Property 	Not in CounselingOn-going CounselingCrisis Intervention
Self-Abusive Behavior	Explosive Behavior
Hitting HeadScratching/Biting SelfOther:	Endangering Behavior
Non-Compliant:	Follow-up:
Refusing to Line Up/ParticipateRefusing to Do ClassworkOther:	Back to ClassCounselingSuspensionParent Note/CallPolice/Legal Action