



DOCUMENTATION OF USE OF RESTRAINT

School Name: _____

Date: _____

Name and Agency of Reviewer: _____

COMAR 13A.08.04. Student Behavior Interventions .05B.(6) Documentation of the Use of Restraint

Dates of Review: _____

Student's F/M/L Initials: _____

M/D/Y of Restraint: _____

School's form includes space to document the following information:

- _____ Other less intrusive interventions that have failed or been determined inappropriate;
- _____ Precipitating event immediately preceding the behavior that prompted the use of restraint;
- _____ Behavior that prompted the use of restraint; and
- _____ Names and signatures of the staff members implementing and monitoring the use of restraint.

Documentation on the use of restraint shall include a description of the restraint event, including:

- _____ Type of restraint;
- _____ Length of time in restraint;
- _____ Student's behavior and reaction during the restraint; and
- _____ Name and signature of the administrator informed of the use of restraint.