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.

Rev: 4/14arc