

# ANACORTES SCHOOL DISTRICT #103

2200 M Avenue Anacortes WA 98221 Phone: (360) 293-1200 Fax: (360) 293-1222  
http://www.asd103.org

Procedure No. 3246-F  
Students

## Physical Restraint Report

**NOTE:** This report is required to be submitted to the principal after any physical restraint of a student and/or after administration of a physical restraint that results in serious injury (requiring emergency medical intervention) to a student. This report must be sent to the Superintendent's Office within two (2) business days of the administration of the restraint.

### IDENTIFYING INFORMATION:

Circle School where incident occurred: AHS CAP SANTE AMS FID ISV MTE WHT

Name of Student: \_\_\_\_\_ Date of Restraint: \_\_\_\_\_

Does student currently receive special education services? Yes  No

504 Plan? Yes  No

Gender: Male  Female

Ethnicity: Caucasian  African American  Asian  Latino  American Indian  Other

Date of this report: \_\_\_\_\_ Site of restraint: \_\_\_\_\_

This report prepared by: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Staff administering restraint:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Received prior restraint training: Yes  No

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Received prior restraint training: Yes  No

Observers (if any):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Administrator who was verbally informed following the restraint:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Reported by: \_\_\_\_\_



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Parent who was informed of this restraint:

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Called by: \_\_\_\_\_ Title: \_\_\_\_\_

## PRECIPITATING ACTIVITY:

Description of activity in which the restrained or other students were engaged immediately preceding use of physical restraint:

Behavior that prompted restraint:

Efforts made to de-escalate and alternatives to restraint that were attempted:

## DESCRIPTION OF PHYSICAL RESTRAINT:

Justification for initiating physical restraint (*check all that apply*):

- Non-physical interventions were not effective
- To protect student from imminent, serious, physical harm
- To protect other student/staff from imminent, serious, physical harm
- To implement necessary restraint in accordance with the student's IEP or other written plan (*describe pertinent provisions of the IEP or other written plan*):

Describe holds used and why such holds were necessary:

Student's behavior and reaction during restraint:

Time restraint began: \_\_\_\_\_

Time restraint ended: \_\_\_\_\_

## CESSATION OF RESTRAINT:

How restraint ended (*check all that apply*):



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- Determination by staff member that student was no longer a risk to himself or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought medical assistance
- Other (*describe*)

## Descriptions of any injury to student and/or staff and any medical first aid care provided:

Incident report was filed with the following school district official: \_\_\_\_\_

## FOR EXTENDED RESTRAINTS:

Alternatives to extended restraint that were attempted:

Outcome of those efforts:

Justification for administering extended restraint:

## FURTHER ACTION TO BE TAKEN:

The school will take the following action and/or disciplinary sanctions (*check all that apply*)

- Review incident with student to address behavior that precipitated the restraint
- Review incident with staff to discuss whether proper restraint procedures were followed
- Consider whether follow-up is necessary for students who witnessed the incident
- Conduct a local investigation of any complaint regarding this restraint (*describe investigation procedures*):
- Disciplinary action/sanctions taken by program (*describe*)



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## **PARENT/GUARDIAN NOTIFICATION (*required for all reported restraints*):**

Verbally informed of physical restraint on \_\_\_\_\_ by  
teacher/administrator/other or documented attempts to contact verbally (*describe*):

Written notice sent within 5 business days of administration of restraint to parent/guardian on  
\_\_\_\_\_ by \_\_\_\_\_ (*teacher/administrator/other*) at the  
following address: \_\_\_\_\_

Sent in native language of the parent/guardian (*language*): \_\_\_\_\_

Parent/guardian was offered opportunity to discuss the administration of physical restraint and/or  
disciplinary sanctions with teacher/administrator. Results of discussion: (*Attach separate page if  
necessary*)



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