**Georgia School for Innovation and the Classis Incident Report**

**Use of Physical Restraint**

Student’s Name: Date: 11/30/2018

Time Began: 11:30 Time Ended: 12:00 Total Time: 3 minutes in restraint

Location: Administrative Suite

Staff Involved: All names

Describe student behavior and staff responses leading up to restraint:

Describe event here

Describe what happened during the restraint, the type of restraint used (vertical, horizontal) and the length of time in which the restraint was maintained:

Define restrain here

Describe how the restraint ended:

After event goes here

Describe the outcome in terms of follow-up to the restraint incident including staff-to-student debriefing and staff-to-staff debriefing:

Include all personnel and events of debriefing

What staff/student injuries, if any, occurred as a result of the restraint?

Be specific and attach pictures if needed

Parent/Guardian notified: Yes Date: 11/30/2019Time:1:00

RTI/SPED Management Plan followed: Yes

Team Members Present: List all member present

Name of person completing the form (Print): Your name

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Place a copy in the student IDEA file and send home a copy with in 24 hours of event.)