Georgia School for Innovation and the Classics PHYSICAL RESTRAINT DOCUMENTATION FORM

NAME OF CHILD:	ST. MIDDLE	STUDEN	T ID:		
				MONTH/DAY/YEAR	
PARENT(S):					
PHONE: (WORK)	(HC	OME)		(OTHER)	
HOME ADDRESS:	EET ADDRESS/P.O. BOX	CITY	STATE	ZIP	
Date of Incident:					
Beginning Time:			Ending Tim	e:	
School personnel involve	ed in incident (addition	al documentat	ion may be at	cached if necessary):	
Describe the student's acphysical restrain:					use of
Describe efforts of school were utilized prior to the					
Provide a description of	the physical restraint u	tilized:			

Describe the actions of the student and school pephysical restraint:	ersonnel that occurred during the
Describe observed student and school employee	behaviors that followed the physical restraint:
	ons utilized following the physical restraint:
·	<u> </u>
Describe any injuries to the student or school em	ployees:
Describe future alternatives to physical restraint	that will be utilized:
Signatures:	
Person completing form:	Date:
r croon completing form.	Datc
Witness	Date
Witness:	Date
Witness	Dato
Witness:	Date
Witness	Dato
Witness:	Date
Notification to Parent: Type: Date:	By whom:
Notification to Admin.: Type: Date:	By whom:

Finding of debriefing meeting:

nature:	Date:	AgreeDisagree
nature:	Date:	AgreeDisagree
nature:	Date:	AgreeDisagree
nature:	Date:	AgreeDisagree
		nting their conclusions.