

**Physical Restraint/Time Out Documentation  
Notification to Principal**

**When any physical restraint is used, verbally inform the principal as soon as possible AND complete this written report by the end of the day.**

**Student Name:** \_\_\_\_\_ **SASID:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **IEP:** \_\_\_\_\_ **Yes No (Please circle one)**

**Please circle whether the student needed a restraint or a time out:**

**Restraint**

**Time Out**

**Name and Job Titles of Staff Administering Restraint/Time Out:**

\_\_\_\_\_

**Names and Job titles of Staff Observing Restraint/Time Out:**

\_\_\_\_\_

**Date of Restraint/Time Out:** \_\_\_\_\_

**Staff Documenting Restraint/Time Out:**

\_\_\_\_\_

**Time Restraint/Time Out Started:** \_\_\_\_\_

**Time Restraint/Time Out ended:** \_\_\_\_\_

**Location of Restraint/ Time Out:** \_\_\_\_\_

**Subject or period when restraint/ time out occurred:**

\_\_\_\_\_

**Evaluated by nurse: (initial) \_\_\_\_\_**

**Describe the activity in which the student and other students and staff in the same room or vicinity were engaged immediately preceding the use of physical restraint/time out:**

\_\_\_\_\_

\_\_\_\_\_

**Describe the behavior that prompted the restraint/time out:**

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**Describe all interventions and efforts to prevent escalation of behavior, including specific de-escalation strategies used:**

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**Describe alternatives to restraint/time out that were attempted:**

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**Describe justification for initiating restraint/time out:**

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**Describe holds used and reasons such holds were necessary:**

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**Was there imminent danger that the student would hurt himself/herself or others (please circle):**                      **Yes**                      **No**

**Other**

**(explain):** \_\_\_\_\_

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**Describe the student's reactions and behaviors during the restraint/time out:**

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**Describe how restraint/time out ended:**

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**Description of injuries including names of persons injured if applicable:**

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**Was medical care provided during or immediately following the restraint/time out (describe):**

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**Name of principal or designee who approved continuation of the restraint/time out beyond 20 minutes pursuant to 603 CMR 46.05:**

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**Follow-up actions including possible consequences imposed on student:**

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**Date/Time/Nature (e.g., phone, email, meeting) of parent notification of restraint/time out and individual involved in parent meeting/notification:**

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**Principal or designee who was verbally informed following the restrain/time out:**

**Signature of Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date parent was informed of incident:**

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**Person who contacted parent:**

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**Method used to contact parent:**

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**Parent/Guardian provided opportunity to discuss restraint with principal/designee Yes \_\_\_\_\_ No \_\_\_\_\_**

**Parent/Guardian informed of the right to file a grievance. Yes \_\_\_\_\_ No \_\_\_\_\_**

**Principal sent written report to parent/guardian Yes \_\_\_\_\_ No \_\_\_\_\_**

Revised By The  
Hadley School Committee: May 1, 2017

Revised By The  
Hadley School Committee: February 26, 2024