



**Use of Restrictive Procedures: Physical Holding**

Student:

ID:

Date:

School:

Grade:

DOB:

Gender:

Part A. Is the student Hispanic/Latino? Part B. What is the student's race? (*Choose one or more*)

Yes  No

American Indian or Alaska Native

Asian

Black or African American

White

Native Hawaiian or Other Pacific Islander

Directions: The staff person who implemented or oversaw a physical hold must complete this form each time a physical hold is utilized.

Staff involved:

Name of Staff	Title

Person completing this form:

Position:

Phone:

**EMERGENCY**

Was physical holding used to protect student or others from physical injury?

Yes  No

Description of the emergency situation:

Description of the incident that led to physical holding:

**PHYSICAL HOLDING**

Description of the physical holding and a brief description of the student's behavioral and physical status:

