

**Harlem Consolidated School District #122
8605 N. 2nd Street
Machesney Park, IL 61115
PHYSICAL MANAGEMENT INCIDENT REPORT**

(THIS REPORT MUST BE COMPLETED BY NO LATER THAN THE BEGINNING OF THE SCHOOL DAY FOLLOWING THE INCIDENT.)

STUDENT NAME _____

Grade: _____

Staff Member Completing Report: _____

Date of Incident ____/____/____

Time of Incident:

Beginning time: ____:____ AM/PM End time: ____:____ AM/PM

Location of Incident

- | | |
|--|--|
| <input type="checkbox"/> Program Classroom | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Regular Education Classroom | <input type="checkbox"/> Bus Loading/Unloading |
| <input type="checkbox"/> Hall | <input type="checkbox"/> Office |
| <input type="checkbox"/> Lunch Area | <input type="checkbox"/> Other |

Staff Members (Name and Title) who were involved in the Incident

Description of Incident: (Attach typed report if more room is needed)

Specifically explain the events/circumstances that led to the use of physical management:

2. Specifically explain any interventions that were used prior to the use of physical management:

3. Provide a description of the incident and/or the student’s behavior that resulted in the use of physical management:

4. Identify all CPI Restraint Holds Used:

Children Control Position _____ Team Control Position _____
Transport Position _____ Seated Hold _____
Standing Hold _____

5. Log the student’s behavior during the physical management, including technique(s) used by the staff and any other interactions between the student and staff:

6. Was anyone injured? No: Yes:

If yes, provide who was injured and a description of the injury:

9. Was medical attention required? No: Yes:

If yes, provide who and a description of what actions were taken to provide medical attention:

10. Was any property damaged? No: Yes:

If yes, provide a description of property damage:

Mandatory Nurse/Administrator Physical Assessment of Student:

Date: ____ / ____ / ____

Time: ____ : ____ AM/PM

Comments:

Nurse/Administrator Signature: _____

Date ____/____/____

Time: ____:____AM/PM

Written Notice:

Date ____/____/____

***Within 24 hours of the use of physical restraint, written notice must be given to the student’s parent/guardian that includes (1) the student’s name, (2) the date of the incident, (3) a description of the intervention used, and (4) the name of a District contact person with a telephone number to be called for further information.**

Building Administration Signature: _____

Date: ____/____/____

THE BUILDING ADMINISTRATOR MUST BE NOTIFIED OF ALL INCIDENTS INVOLVING THE USE OF PHYSICAL RESTRAINT AS SOON AS POSSIBLE, BUT NO LATER THAN THE END OF THE SCHOOL DAY IN WHICH THE INCIDENT OCCURRED.

APPROVED: September 20, 2017

