**Model Restrictive Procedures Form**

**Physical Holding**

Each time physical holding is used, the staff person who implements or oversees the physical holding must document its use.The Minnesota Department of Education has developed this recommended form for use by the education community. The purpose of this form is to provide helpful guidance and a documentation model including the required data elements for compliance with special education restrictive procedure requirements.

Child name:

Child MARSS number:

Date physical holding was used: Date form completed:

Name, position, and telephone of person completing form:

Name(s) and positions of all persons involved in using the restrictive procedure: *(All persons implementing restrictive procedures must be trained in the 12 skills and knowledge areas.)*

**Emergency:**

Was physical holding used to protect child/others from physical injury? *(Physical holding may no longer*

*be used to prevent serious property damage.)* Yes No

Description of emergency situation:

Description of the incident that led to the physical holding:

**Physical Holding:**

*(Physical holding may not be used to discipline a noncompliant child. Additionally, the physical hold must not: restrict or impair the child’s ability to breathe; restrict or impair a child’s ability to communicate distress; place pressure or weight on a child’s head, throat, neck chest, lungs, sternum, diaphragm, back, or abdomen; or, result I straddling a child’s torso.)*

Description of physical holding and a brief record of the child’s behavioral and physical status:

Was physical holding the least intrusive intervention to effectively respond to the emergency?

Yes No

*Restrictive Procedures Form: Physical Holding*

Explain. Include why a less restrictive measure failed or was determined by staff to be inappropriate or impractical.

Did the physical holding end when the threat of harm ended and staff determined that the child could

|  |  |  |
| --- | --- | --- |
| safely return to the classroom or activity? | Yes | No |
| Explain: |  |  |
| Did staff directly observe the child during the physical hold? | Yes | No |

Explain:

Length of time physical holding was used: Start Time:

End Time: Total Time:

Parents notified:

When (time/date): By Whom:

Method of notification used (phone/writing/email):