



Add/Update Student Restraint Data - State (0000000) - School Year 2020-2021

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Enter the SASID of the student and click Lookup button to start a restraint.

SASID:

Student Name: **Test NMN Student**

Gender: **Male**

DOB: **7/27/2010**

School: *

Does student have an IEP: *

Date of Restraint: *

Start Time: * :

End Time: * :

Did episode of restraint involve multiple holds? *

Subject Period: *

Location of Restraint: *

Hold Used: *

If episode involved multiple restraints, Hold Used should be categorized according to the most restrictive hold.

Per state regulation 603 CMR 46.03(1)(b), prone restraint shall be prohibited in public education programs except on an individual student basis, and only under the following circumstances. Please confirm the following

1. Does the student have a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff?

Yes No **Please select an option.**

2. Did you try other forms of physical restraints that have failed to ensure the safety of the student and/or the safety of others?

Yes No **Please select an option.**

3. Does the student have any medical contraindications as documented by a licensed physician?

Yes No **Please select an option.**

4. Is there a psychological or behavioral justification for the use of prone restraint and are there no psychological or behavioral contraindications, as documented by a licensed mental health professional?

Yes No **Please select an option.**

5. Has the program obtained consent to use prone restraint in an emergency as set out in 603 CMR 46.03(1)(b), and such use has been approved in writing by the principal?

Yes No **Please select an option.**

6. Has the program documented 603 CMR 46.03(1)(b) 1 - 5 in advance of the use of prone restraint and maintains the documentation?

Yes No **Please select an option.**

Person 1 Who Administered Restraint *

Name:

Title:

Has this person received restraint training within the past year?

Person 2 Who Administered Restraint

Name:

Title:

Has this person received restraint training within the past year?

Person 3 Who Administered Restraint

Name:

Title:

Has this person received restraint training within the past year?

Select One ▼

Select One ▼

Select One ▼

Observer 1

Name:

Title:

Has this person received restraint training within the past year?

Select One ▼

Observer 2

Name:

Title:

Has this person received restraint training within the past year?

Select One ▼

Observer 3

Name:

Title:

Has this person received restraint training within the past year?

Select One ▼

Was anyone injured during the restraint? *

Who was injured during the restraint?

In the event of a student and/or staff injury, the Department will be automatically notified.

Names of those injured and description of injuries to each individual and medical care provided, if any:

Antecedent activity (describe the environment/setting prior to the restraint): *

Behavior that justified the need to use restraints to protect a student and/or member of the school community from assault or serious imminent physical harm): *

Description of de-escalation techniques and alternatives to restraint that were attempted: *

Description of why restraint hold was chosen:

(If episode involved multiple restraints, include a detailed narrative containing information about each hold during the episode, including start and end times for each of them) *

Description of the child's behavior and reaction during the restraint; how the restraint ended; and how the child's well being was monitored: *

Description of discipline and/or further action that may be taken, if appropriate:

If a single restraint hold lasted longer than 20 minutes provide the following information

Explanation for why an extended restraint was required:

Name of the administrator who approved continuation of the restraint:

Name of principal/administrator who was immediately notified of restraint:

Parent/guardian notification or documented attempts to contact (within 24 hours):

Date: Method:

Additional Comments:

Written report of administration of restraint sent to parent/guardian within 3 school working days on:

Date: Report sent in primary language of the parent/guardian:

Please note that it is the obligation of the agency/program/LEA to ensure that any printed version of this information that may be used to satisfy the written reporting requirements of 603 CMR 46.06 is complete, accurate and meets the requirements of all applicable regulations. It is further the obligation of the agency/program/LEA to maintain copies of all such reports in the individual student record.

According to, 603 CMR 46.06(4)(e), schools must offer parents/guardians an opportunity to discuss with school officials the restraint, consequences that may be imposed on the student, or any related matter. Parents/guardian wishing to discuss any of these concerns should contact:

Cancel

Add Student Restraint

View and Print

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Massachusetts Department of
Elementary & Secondary Education

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SAMPLE