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User Name: mmarino8

Application List Security Portal Log Out

Add/Update Student Restraint Data - State (00000000) - School Year 2020-2021 Return to View Existing Student Restraint Data

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

SASID: 1070804621		
Student Name: Test NM	N Student	
Gender: Male		
DOB: 7/27/2010	0	
School: * Select One		•
Does student have an IEP: *		
Date of Restraint: *	Start Time: * V	End Time: * : : : : : : : : : : : : : : : : : :
	Did epic de of restrains colv	ve multiple holds? * Select One ✔
Subject Period: * Select One	Location of Restral 1.*	Hold Used: * Select One ✓
	N.Salar.	If episode involved multiple restraints, Hold Used should be categorized according to the most restrictive hold.
Person 1 Who Administered Restra	aint * Person 2 No Administered Restraint	Person 3 Who Administered Restraint
Name:	Name:	Name:
Title:	Title:	Title:
Has this person received res training within the past		
Select One	Select One 🗸	Select One V
Observer 1	Observer 2	Observer 3
Name:	Name:	Name:
Title:	Title:	Title:
Has this person received res training within the past		
Select One 🗸	Select One 🗸	Select One 🗸
	Who was injured during the restraint? Triply, the Department will be automatically notified.	
Names of those injured and descri	ption of injuries to each individual and medica	ıl care provided, if any:

Behavior that justified the need to use restraint (e.g., 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 natative containing information about each hold during the episode, including start and end times for each of them) *
Description of the child's behavior and rection are given by 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/LE is ensular that any printed version of this information that may be used to satisfy the written reporting requirements of 603 CMR 46.06 is complete, curate and meets the requirements of all applicable regulations. It is further the obligation of the agency/program/LEA to maintain sopies of V so reports in the individual student record.
According to, 603 CMR 46.06(4)(e), schools mustor, spatients/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

Release: 1.5.6.13