



# Restrictive Procedures Form Physical Holding

The Minnesota Department of Education (MDE) 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.

Student's name: \_\_\_\_\_ Student's 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:

---

---

### Emergency:

Address this section if physical holding was not addressed on the student's IEP or Behavior plan but was used in an emergency.

Was physical holding used to protect child/others from physical injury? Yes\_\_\_\_ No\_\_\_\_

Description of emergency situation:

Was physical holding used to prevent serious property damage? Yes\_\_\_\_ No\_\_\_\_

Description of emergency situation:

Description of the incident that led to the physical holding:

**Physical Holding:**

Complete this section every time a physical hold is used with a student.

**Check all physical holding techniques used and the student's behavioral and physical status.**

**Type/s of Physical Hold Used:** *Children's control position*  ; *Team control position*  ; *Transport position*  ; *Interim control position*

Summarize the student's physical status DURING the restrictive procedure:	Summarize the student's physical status AFTER the restrictive procedure:
Breathing:	Breathing:
Color:	Color:
Alertness:	Alertness:

**Was physical holding the least intrusive intervention to effectively respond to the emergency?** 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 student could safely return to the classroom or activity?** Yes \_\_\_ No \_\_\_ If no, explain

**Did staff directly observe the child during the physical hold?** Yes \_\_\_ No \_\_\_ if no, explain

**Length of time physical holding was used:** Start \_\_\_\_\_ End \_\_\_\_\_ Total Time \_\_\_\_\_

**Parents notified:**  
When (time/date) \_\_\_\_\_

By Whom \_\_\_\_\_

Method used (phone/writing/email) \_\_\_\_\_