

# FORT LA BOSSE SCHOOL DIVISION

TITLE – **PHYSICAL RESTRAINT**

POLICY - **JLIF-E1**

Approval Date - 25/03/13

Cross Reference -

Resolution # - 90/13

Implementation - 25/03/13

Legal Reference -

Last Reviewed - 25/03/13

## INCIDENT REPORT REQUIRING THE USE OF RESTRAINT

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Description of the incident including time/dates:

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- a. Precipitating event
- b. Description of incident and action taken
- c. Decision/plan
- d. Debriefing with student
- e. Debriefing with staff
- f. Meeting with parent/guardian and student (if a meeting is not arranged, please explain the reasons why)

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\_\_\_\_\_  
Principal

\_\_\_\_\_  
School

Signature of other staff present during the incident:

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