

Auburn City Schools
Annual Report of Physical Restraint

The purpose of this form is to document all incidents of the use of physical restraint. These forms will be submitted to the Superintendent, or his/her designee, quarterly for review. Each principal shall maintain this monthly form in his/her files for documentation.

School Name: _____
Annual Summary for _____

Total incidents using restraint during the year: _____
Number of different students restrained during the year: _____

Date	Name	Grade	Gender	Ethnicity	IEP or 504 (Y or N)	Description

Principal's Signature _____ Date _____