

**Auburn City Schools
Quarterly 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: _____

Quarterly Summary for: _____

Total incidents using restraint during the 9 weeks: _____

Number of different students restrained during the 9 weeks: _____

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

Principal's Signature _____

Date _____