

**PHYSICAL INTERVENTION FORM**

FO-E5

Student Name:	Date/Time of Incident:
Location of Incident/Number of Staff Involved:	
Type of Intervention Used:	
<input type="checkbox"/> Physical:      Standing                      Seated                      Floor <input type="checkbox"/> Seclusion	
Purpose of Physical Intervention/Seclusion: Check all that apply	
<input type="checkbox"/> staff Self-defense <input type="checkbox"/> defense of student from self-harm <input type="checkbox"/> protect property <input type="checkbox"/> defense of other staff from harm by another <input type="checkbox"/> part of behavior plan/IEP <input type="checkbox"/> defense of student from harm by another <input type="checkbox"/> maintain safe environment <input type="checkbox"/> removal of student for reasons of safety/control and the student resisted	
Injuries/physical complaints of student: <input type="checkbox"/> Yes <input type="checkbox"/> No    Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe:	
Reviewed by Health Care Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No    Signature and Date:	
Individuals involved in the intervention and the role of each:	
Injuries/physical complaints of staff involved: <input type="checkbox"/> Yes <input type="checkbox"/> No    Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reviewed by Health care staff: <input type="checkbox"/> Yes <input type="checkbox"/> No    Signature and Date:	
Staff Signature and Date:	
Staff Signature and Date:	
Staff Signature and Date:	
Staff Signature and Date:	
Student interview and description of the intervention:	
Student signature and date:	
Parent Notified: <input type="checkbox"/> Yes: Signature of staff making contact/date: <input type="checkbox"/> No: Reason why parent not notified:	
Staff description of the incident: (Include what interventions were attempted before the physical intervention/seclusion)	
Administrator Notified and Reviewing report:	Date: