

Warren County Special Services School District  
1500 Route 57, Suite 1  
Washington, NJ 07882  
Tel. 908-835-1004 Fax 908-835-1042

**PHYSICAL RESTRAINT LOG**

NAME OF YOUTH: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLACE OF INCIDENT: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILDREN INVOLVED	STAFF INVOLVED	OTHERS INVOLVED

**PRECIPITATING FACTORS (if known):**

<b>DESCRIPTION OF CHILD'S BEHAVIOR:</b>
<b>METHODS OF HANDLING:</b>

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<b>DURATION OF EPISODE:</b>
<b>FOLLOW-UP:</b>
<b>ADDITIONAL COMMENTS/OBSERVATIONS:</b>
<b>WAS ANYONE INJURED?</b>
<b>MEDICAL ATTENTION REQUIRED?</b>
<b>SIGNATURE:</b> _____