



Name of Student \_\_\_\_\_

Check one that applies to this restraint:

- Therapeutic Hold for **NON-COMPLIANCE**
- Therapeutic Hold for **LOSS OF CONTROL**

\_\_\_\_\_ required use of a Therapeutic Hold on \_\_\_\_\_ (date). The Therapeutic Hold started at \_\_\_\_\_ (time) AM PM and lasted until \_\_\_\_\_ (time) AM PM. The Therapeutic Hold was carried out by \_\_\_\_\_ and was witnessed by \_\_\_\_\_.

The Therapeutic Hold was required due to: Physical Aggression against Self  
 Physical Aggression against Objects  
 Physical Aggression against Others

Was there verbal aggression prior to physical aggression?  Yes  No

Location where Therapeutic Hold Occurred: \_\_\_\_\_

Describe: \_\_\_\_\_ behavior just prior to Therapeutic Hold was  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe what behavior triggered use of the Therapeutic Hold:  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe \_\_\_\_\_ behavior during the 30 minutes after the Therapeutic Hold was  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Staff Signature

\_\_\_\_\_ Parent Signature

**FAX THIS FORM TO DESS (334) 792-7213**