**Use of Unplanned Physical Intervention Summary**

|  |  |
| --- | --- |
| School: |  |
| Gender Identity: | Female ◻ Male ◻ Non-binary \_\_\_\_\_\_\_\_  |
| Date of Birth: |  Day: \_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_ |
| Exceptionality: |  |
| Placement: |  |
|  |  |
| Staff using physical Intervention (Contain and Release) |
| Position(s): |  |
| Trained in Nonviolent Crisis Prevention Intervention: | Yes ◻ No ◻ |
|  |  |
| Date of incident: Reason for using contain and release: |

IMPORTANT: Principals must also follow Post Incident/ Contain and Release Protocol Guideline (699M).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Principal’s Name/Signature Date Report Completed

**Please submit to the appropriate Centrally Assigned Principal of Special Education**