

**Student:** \_\_\_\_\_ **IEP:**    yes or !!! no

**Date of Incident (m/d/yy):** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Disability Type (select only one):**

- |                         |                               |
|-------------------------|-------------------------------|
| Autism                  | Orthopedic Impairment         |
| Deaf-Blindness          | Other Health Impairment       |
| Deafness                | Specific Learning Disability  |
| Emotional Disturbance   | Speech or Language Impairment |
| Hearing Impairment      | Traumatic Brain Injury        |
| Intellectual Disability | Visual Impairment             |
| Multiple Disabilities   |                               |

**Teacher:** \_\_\_\_\_ **Principal:** \_\_\_\_\_

**Building:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

➤ **Reason for implementation of the physical safe hold:**  
(Describe the action that caused the student to be a danger to themselves or others.)

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

➤ **What type of CPI physical safe hold was used?**

- |  |                             |
|--|-----------------------------|
| Lower Level hold in a seating position | Team Control Position       |
| Holding in a Standing Position         | Children’s Control Position |

➤ **Did you explain to the student reasons for implementation of a CPI physical safe hold and discuss what behaviors the student would need to display for sufficient behavioral control?**    Yes or    No

➤ **Duration of Incident:** \_\_\_\_\_ (A physical safe hold shall not be used for longer than 5 minutes, and the need for continuation of a safe hold shall be reassessed every 5 minutes.)

➤ **Upon conclusion of the physical safe hold the student was able to:**  
(check all that apply)

- |                           |   |                 |
|---------------------------|---|-----------------|
| Demonstrate safe behavior | Process the issue                         | Return to Class |
| Complete assignments      | Maintain Student in a Small Group Setting |                 |

➤ **Were there injuries to student (self or other)?:**    **yes**   **or**   **no** (If yes, describe below)

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➤ **Were there injuries to staff?**    **yes**   **or**   **no** (If yes, describe below)

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➤ **Notation of any concerns:**

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➤ **Was an FBA created or revised?**    **yes**   **or**   **no**

➤ **Was a BIP created or revised?**    **yes**   **or**   **no**

➤ **Was the student suspended?**    **yes**   **or**   **no**

➤ **Was the student expelled?**    **yes**   **or**   **no**

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*Signature of Staff who implemented CPI Physical Safe Hold*

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*Signature of Administrator in Charge*

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*Signature of Person Filling out Report*