

PHYSICAL INTERVENTION FORM

(These Interventions **DO NOT** Include Physical Restraints.)
(File in student record and send copy to the Administrative House)

Student Name _____ Date _____ Site _____

Describe incident that required one of the following interventions:

Please check the intervention(s) that was used.

_____ Briefly holding a student in order to calm or comfort the student

_____ Holding a student's hand or arm to escort the student safely from one area to another

_____ Moving a disruptive student who is unwilling to leave the area if other methods such as counseling have been unsuccessful

_____ Intervening in a fight in accordance with Education Article §7-307, Annotated Code of Maryland

Describe the intervention used by the staff and follow up:

Staff Signature

Date

Principal/Coordinator Signature

Date