

14-7.02 NONPUBLIC SCHOOL PHYSICAL MANAGEMENT REPORT FORM

Date: _____

Quarter (1 = Jan – Mar; 2 = April – June; 3 = July – Sept; 4 = Oct to Dec) _____

System of Physical Management Technique Employed (e.g., NCI, CPI, TCI, etc...) _____

School Capacity (# of Illinois students) _____

Primarily Eligibility Served (choose 1) ___ED ___Autism ___LD ___CD (Cogn. Disability) ___

Other (please specify _____)

Number of Illinois students having a restraint? _____

Number of restraints used during the quarter by type (Illinois students only)*:

	Preschool – 8 th	9 th – 12 th
1 Person Basket/Small Child Hold	_____	_____
2 Person Basket/Small Child Hold	_____	_____
1 Person Standing	_____	_____
2 Person Standing	_____	_____
2-3 Person Seated	_____	_____
2 Person Prone	_____	_____
3 or More Person Prone	_____	_____
3 or More person Supine	_____	_____
Other (please specify)	_____	_____

Of those students who had a hold last quarter what percent showed a decrease in number of holds this quarter (only include data of those students who were with you for all of both quarters)? _____

*Note: If more than one type of restraint is used during a restraint, only code the most restrictive restraint. For example, if a student is in a basket hold and it leads to a 2-person standing hold, only code the 2-person standing hold on this form. If a restraint stops completely (all staff's hands are off) and then restarts again, code this as a new restraint. Please return to Paul Nijensohn at pnijenso@isbe.net or Sol Rappaport at srappaport@counselingconnections.net (or fax to 847-680-3832). Another option is to directly enter your information directly onto Survey Monkey. This is an anonymous data submission option, if you choose.

<http://www.surveymonkey.com/s/5GHRVTH>