2026 - 2027 Restraint Summary

Discipline Officer Complete Part I and II

I. Student Information

Name_____ Student ID_____ Date_____

Campus_____ Grade_____ Special Education: Y N

504: Y N

Start Time _____

End Time _____

II. PEIMS Information

Restraint Reason:
(Code 8 Reported for Special Education, 504 and Non-Special Education Students)

_____ **08** Restraint by School District Police Officer/School Resource Officer Performing Law Enforcement Duties and/or Providing a Police Presence on School Property or at a School-Sponsored or School-Related Activity.

Staff Type:
_____02-District Police Officer

Restraint Type:
_____ Mechanical
_____ Physical

_____
District Police Officer Name (Print)

_____
Campus Discipline Officer (Print)

_____
Campus Discipline Officer Signature

FOR OFFICE USE ONLY

Make 3 copies of this form

☐ *Original is attached to referral and given to the Campus Administrator – Used for data entry and retained in the discipline folder with discipline referral for auditing purposes*

☐ *One copy must be provided to the parent on the day of the restraint or otherwise, placed in the mail.*

☐ *One copy is to sent to the Department of Special Education (Director) for* ***SPED & 504 students.***

Entered by _____ *Date* _____