Greene County Schools

6.5001 Exhibit C
S-SEF-40
Revised 6/18/2014

PCM USAGE DATA SHEET

Student:

Date/Time:

Practitioner(s):

Restraint Type: Physical

Location :

PLEASE KEEP DATA CONFIDENTIAL

Transportation (check all that apply)	1 Person	2 Person
Independent Walk		
Back		
Wrist Tricep		
Sunday Stroll		
One Arm Wrap Around		
Vertical Imobilization		
Prone Immobilization		
Duration of Intervention Including Fading (MINUTES)		

Behavior Problems (check all that apply)	
Aggression (Safety of Others)	
Self-Injury (Safety of Student)	
Property Destruction (Safety of All)	
OTHER:_____	

Safety	
Student Injury (Y/N)	
Describe:_____	
Practitioner Injury (Y/N)	
Describe:_____	
Was Medical Attention Required (Y/N)	

Describe Incident (attach any additional information)

Signature of Primary Practitioner:_____ **Date:**_____