

Document to be placed in the student's personal assistance file.

## Information on the student

Student's name:	
Date of birth:	Group/class:
School:	

## Goal of the student protocol in accordance with the student's individualized education plan

Identify the competencies the student needs to develop:

## Alternative measures intended to lead to the discontinuation of the mechanical restraint

## Activity reserved for an authorized professional

Name:

Profession:

Date of the assessment by the authorized professional:

## Situations that justify using a mechanical restraint

## Methods and conditions for applying a mechanical restraint

### Control measure selected:

Level of supervision required:

Duration of the application:

### Contraindications and associated risks:

### Date or terms and conditions for a reassessment by the authorized professional:

### Staff members involved in intervention and their roles:

Persons designated to install the mechanical restraint:

Persons designated to carry out the supervision:

Persons who will have to check the conformity and maintenance of the device used for the mechanical restraint:

### Names and contact information of partners who could be of help during the intervention:

## Team involved

_____	_____
(Name and title)	(Name and title)
_____	_____
(Name and title)	(Name and title)
_____	_____
(Name and title)	(Name and title)

## Date set to review the student protocol

I give my free and enlightened consent for the application of the means stated in this protocol.

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
Date (year-month-day)

\_\_\_\_\_  
(Student's signature)

\_\_\_\_\_  
Date (year-month-day)