

PCM Physical Assistance Log

Classroom _____

Week of ____ / ____ / ____ to ____ / ____ / ____

Treatment Area _____

NAME: last, first	Reason Code	Assisted Transport		Immobilization Type		Place Code	Immobilization		Result Code	Parent/Guardian Notified		Initiator(s) Name(s)	Date (mm/dd)
		1-person	2-person	Began	Ended		Yes	No					
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		
		B WT SS 1AW	B WT SS	V P						Yes	No		

Appendix O

Reason Code:

- 1-Physical Aggression (continuous)
- 2-High Magnitude Disruption (continuous)
- 3-Self Injury (continuous)
- 4-_____
- 5-_____
- 6-_____

Assisted Transport Code:

- B-Back WT-Wrist Tricep
- SS-Sunday Stroll
- 1AW-One-Arm Wrap Around

Immobilization Type:

- V-Vertical immobilization
- P-Prone immobilization

Place Code:

- 1-Time-out room
- 2-Classroom
- 3-Administrative offices
- 4-Hallway
- 5-_____
- 6-_____

Result Code:

- 1-Back to class
- 2-Time-out
- 3-Sent Home
- 4-Suspension
- 5-_____
- 6-_____