

School District _____

**Notification & Reporting of
Physical Restraint and/or Seclusion**

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|--|--|---------------------|--|
| Pupil's Name | | Parents Name | |
| Date Parents were notified of the incident (and told when the written report will be available): | | | Parents need to be notified no later than one business day after the incident occurred |

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|---|--|--|
| Date written report will be available for parents | | Must be available for review by the pupil's parents within 3 business days of the incident |
| How were parents notified? | | |

Incident Written Report

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|---------------------------|--|------|--|------|--|----------|--|
| Check item(s) that apply | | | | | | | |
| Physical Restraint | | Date | | Time | | Duration | |
| Seclusion | | Date | | Time | | Duration | |

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|-----------------------------|--|--|--|--|--|--|--|
| Description of the incident | | | | | | | |
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|---|--|--|--|--|--|--|--|
| Description of the actions of the pupil | | | | | | | |
| 1. Before the incident | | | | | | | |
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| | | | | | | | |
| 2. During the incident | | | | | | | |
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| 3. After the incident | | | | | | | |
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|--|--|--|--|--|--|-------|--|
| Names and titles of the covered individuals present during the incident: | | | | | | Title | |
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