

Code No. 503.6 E1

USE OF PHYSICAL RESTRAINT AND/OR SECLUSION DOCUMENTATION FORM

Student name:	Date of occurrence:			
Start time of occurrence:	End time of occurrence:			
Start time of use of physical restraint or seclusion:	End time of use of physical restraint or seclusion:			
with or implemented physical restraint a	nployee names and titles who observed, were involved the or implemented physical restraint and/or seclusion ring occurrence (including administrators who approved tended time if applicable):			
Describe student actions before, during	and after occurrence			
Describe stadent deticne before, dannig	g and alter ecountries			
Describe employee actions before, during and after occurrence, including the reason for any of the following, if applicable: use of non-approved restraint, use of non-designated seclusion rooms, any restraint or seclusion that lasted longer than necessary:				

Describe any less restrictive means attempted as an alternative to physical restraint and seclusion or why those means would not be effective or feasible, or have failed:

Approval from administrator to continue physical restraint		Approval obtained from	administrator to
or seclusion past 15 minutes:		continue physical restraint or seclusion	
F		more than 30 minutes past last approval	
		time:	
Administrator approving:		Administrator approving:	
Time approved:		Time approved:	
Reasons for length of incident:		Reasons for length of in-	
If Administrator approval was not obta			
was not provided with breaks for bodil			
Parent/Guardian notification: Parents			
occurrence is under control, but no mo			
occurs first. Space below for documer		to notify guardians is liste	d in case the
guardian cannot be reached in the firs		T	Lvar
Employee attempting notification:	Parent/Guardian	Time and manner of	Was
	contacted:	attempted notification:	notification successful?
Employee attempting notification:	Parent/Guardian	Time and manner of	Was
Employee altempting notification.	contacted:	attempted notification:	notification
	contacted.	attempted notification.	successful?
Employee attempting notification:	Parent/Guardian	Time and manner of	Was
	contacted:	attempted notification:	notification
			successful?
If Parent/Guardian notification require	ments were not compl	ied with, explain why:	-
Describe injuries sustained or property			
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Describe future approaches to			
address student behavior including			
any consequences or disciplinary			
actions that may be imposed on the			
student:			
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This form has been reviewed and completed by the undersigned employee. A written copy of this form has been sent to the student's parent or guardian within three school days of the occurrence. Unless the parent or guardian agrees to receive the report by email, fax, or hand delivery, the report must be sent by mail and postmarked by the third day following the occurrence. Enclosed with a copy of this form is an invitation for the parents or guardians to participate in the debriefing meeting scheduled in accordance with the law.

Employee	Date of form delivered to Parent/Guardian
Method of Transmittal	-

Approved Date	Reviewed Date	Revised Date
March 10, 2021	March 10, 2021	March 10, 2021