EXHIBIT

## STUDENT SAFETY

## RESTRAINT AND SECLUSION DOCUMENTATION

Name of Child:			Student ID:			
FirFirst	Middle Last					
	Grade:	Age:	Date:			
Month/Day/Year			Month	n/Day/Year		
	(Home)	(Home) (Other)				
Street Add	lress/P.O. Box	С	State State	Zip		
Site Co	de:Te	acher of Reco	ord:			
hysical Re		on:				
<u>/End Time</u>	:					
havior, if k type of resi school pers	nown, and speci traint or seclusionnel or law enf	fic information technique	ion about the beha e used and the du	vior and its		
	Street Add Site Co eclusion hysical Re : /End Time wing infor havior, if k	Grade:  oth/Day/Year  (Home)  Street Address/P.O. Box  Site Code: Telegraphic	Grade: Age:  htth/Day/Year  (Home)  Street Address/P.O. Box  Site Code: Teacher of Recelection  hysical Restraint  Location:  /End Time:  wing information: Any persons, location havior, if known, and specific information; and specific information of the personnel or law enforcement; are sechool personnel or law enforcement; are	Grade: Age: Date:  th/Day/Year Month  (Home) (Other)  Street Address/P.O. Box City State  Site Code: Teacher of Record:  eclusion hysical Restraint : Location:  /End Time:  wing information: Any persons, locations or activities that havior, if known, and specific information about the behat type of restraint or seclusion technique used and the duschool personnel or law enforcement; and a description of section of the second section section of the second section section of the second section sect		

Names of persons directly	involved	(including	witnesses)	in the	seclusion/	phy	ysical
restraint of the student:		_					

Name:	Title:	Date:
N	m: 1	D
Name:	Title:	Date: