EXHIBIT

STUDENT SAFETY

RESTRAINT/SECLUSION DOCUMENTATION AND PARENT NOTICE

Name of Child:					Stud	ent ID:	
	FirFirst	Middle	Last				
Birthdate:		Grade	e:	Age:		Date:	
Mor	nth/Day/Ye	ar				Month/	Day/Year
Parent(s):							
Phone: (Work)		(Ho	ome)	(Other)		Other)	
Home Address:							
	Street Add	lress/P.O.	Box		City	State	Zip
District/Agency	•						
Building:	Site Co	de:	Teac	eher of R	ecord:		
Select one: □S	Seclusion Physical Re	straint					
Date of Incident	t:		Location	<u>n:</u>			
Beginning Time	e/End Time	:					
Provide the follouring triggered the best precursors, the use whether by to the student o	havior, if k type of res school pers	nown, an traint or s onnel or l	d specifi seclusion	<u>c inform</u> 1 techniq	ation ab ue used	out the behav and the dura	ior <u>and its</u> ation of its

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: