

Department of Student Services

Parent Notification of the Use of Restraint or Seclusion

1. Student Name: _____

2. Intervention Date: _____

3. Intervention used: (circle one or both): Restraint Seclusion

4. If restraint was used, indicate which hold was used (circle one):

Children's Control Holdsm

Team Holdsm

5. Staff Member utilizing intervention: _____

6. Events leading to use of the intervention:

7. Resolution of the intervention:

8. Name of parent(s) contacted: _____

9. Method of contact:

Phone Email In Person Parent Notification Form mailed Other _____

10. Date and time of contact: _____ (am/pm)

11. Parent contact made by: _____

Staff Signature: _____ Date: _____

A copy of this notification is provided to the parent/guardian and the IEP Case Manager and the building administrator.