

# Make a copy before editing

## Willard R-II Schools Restraint and Seclusion Documentation Form

Date: _____	School: _____
Student Name: _____	Age/Grade: _____
<input checked="" type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> General Ed.	Does the Student have a BIP: <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific location of Incident: _____	
Start Time _____	Stop Time _____

**Names of school personnel involved:**

\_\_\_\_\_

**Narrative:** \_\_\_\_\_

**Reported by:** \_\_\_\_\_ (Name/Title)

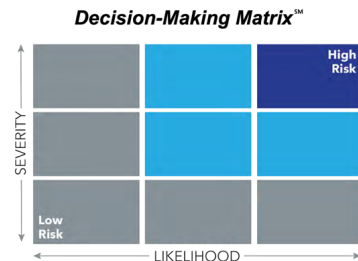
**Disciplinary Action Given:** (attach discipline report if needed)

\_\_\_\_\_

**Medical needs/Injuries incurred and treatment:** (attach incident report if needed)

\_\_\_\_\_

**Plan to prevent the need for future use of restraint:**



**Notification to parent/guardian:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (must occur by the end of the day the incident occurred)

Method of notification:    In Person    by Phone    Electronic

Written report provided to parent: \_\_\_\_\_ (must be within 5 school days)

**Notification to Building Administrator:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**If IEP/504 student, Notification to SPED Director:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

School Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_

If you have concerns regarding this incident, please contact Melissa Lewis, Director of Student Services at melissalewis@willardschools.net or 417-742-0930.

To report child abuse and neglect in Missouri, call 800-392-3738 or Relay Missouri at 800-735-2466 (voice) or 800-735-2966 (text).

Printed Name of Person Preparing Report:

Role in Incident:

Signature of Person Preparing Report \_\_\_\_\_ Date \_\_\_\_\_