

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

Date: _____	School: _____
Student Name: _____	Age/Grade: _____
<input 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: (Include events that led up to the incident, description of interventions and the restraint used, response of student)

- Restraint Occurred Restraint Start time _____ Restraint Stop Time _____
- Seclusion Occurred Seclusion Start Time _____ Seclusion Start Time _____
- (Add additional lines if multiple restraints/seclusions occur during the same event)*

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 _____