**Willard R-II Schools**

**Restraint and Seclusion Documentation Form**

Date:       School:

Student Name:       Age/Grade:

 [ ]  IEP [ ]  504 [ ]  General Ed. Does the Student have a BIP: [ ]  Yes [ ]  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)

***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:

Notification to Assistant Superintendent: Date:       Time:

If IEP/504 student, Notification to SPED Director: Date:       Time:

School Contact Name:       Phone number: