

Students

Series 500

Policy Title Physical Restraint or Physical Confinement Documentation Code No. 503.5-E

Student Name: _____

Date of Occurrence:

Building of Attendance: _____

Time of Occurrence:

IEP? Yes _____ No _____

Duration of Occurrence:

Name of Staff Members involved:

Describe the actions of the student and employees involved before the occurrence:

Describe the actions of the student and employees involved during the occurrence:

Describe the actions of the student and the employees involved after the occurrence:

Describe student and staff debriefing:

Describe alternatives to physical restraint or physical confinement and detention attempted before the occurrence: _____

Describe any injuries to the student, employees or others and any property damage:

Describe future approaches to the student's behavior (including possible IEP meetings to address behavior concerns): _____

If the occurrence involved a period of physical confinement and detention that exceeded the

shorter of 60 minutes or the school's typical class period, the name of the administrator or designee who authorized any additional period of physical confinement or detention:

Student's Parent or Guardian Contacted by:

Date: _____ Time: _____ Method: _____

If the parent or guardian is not contacted on the same day of occurrence, describe attempts to notify the parent or guardian that day:

Date that a copy of this documentation was provided to the parent or guardian (must be within 3 school days of the occurrence):

Documentation Provided (Check one):

- By mail (postmarked within 3 school days of occurrence)
- By electronic mail upon written request of the parent/guardian
- By facsimile transmission upon written request of parent/guardian

Adopted: December 15, 2008

Reviewed: November 18, 2013
December 18, 2017

Amended: