

Exceptional Student Education First Notice of Use of Physical Restraint or Seclusion Time Out

Date of Notice: _				Name of Stud	dent:				
Dear Parents/Gua	rdians:								
In accordance wit restraint or seclus									
This first notice of provided with the						ay of the	incident. In	n addition, you	will also be
Please review this notice, a complete notification and t	ed incident repor	t will fo	ollow within i	three school d				•	
Your child w	as physically rest	rained	today. \Box T	he type of re	straint us	ed was			
			•						
Your child w	as injured (descri	ption o	injury)						
☐ Your child w	as not injured.	☐ You	our child was	placed in a se	cluded a	ea today	•		
	•					•			
Mailad by									
Maned by:									
Ack	ot of First No	Notice of Use of Physical Restraint or Se Signature				eclusion Time Out: Date			
DOCUMENTAT	ION OF ATTEMI	DTC TC	CONTACT	DADENT/CI	ADDIAN	ON THE	DAVOET	HE INCHERE	
	rdians of student m								av in which
	clusion occurred. <u>1</u>								
Type of Contact	By Whom		Date	Time				Results	
Phone Call						answered		Message	
Thone can						nswer		phone/Disconnect	ted
Phone Call						answered nswer		Message phone/Disconnect	ead
E-mail					Docume		Receipt of D		pt on Read
	ION OF ATTEM	T 2TQ	ORTAIN SI	CNFD ACKN				•	pt on Read
The school must of	btain, and keep in i r seclusion or make	ts recor	ds the parent/g	guardian's sigr	ned acknow	vledgemer	it of receipt o		his/her
Self-addressed star	mped envelope incl	luded: [Yes No	0					
Attempt to Conta	By Whom				Results				
Initial Attempt:						onal Contact	Sent Home	Mailed	
1st Additional Atte						onal Contact	Sent Home	Mailed	
2 nd Additional Atte	empt:					Perso	onal Contact	Sent Home	Mailed

Form No.: ESE 2324-035 - Notice of Restraint-Seclusion / ESE / General

New Date: 3/29/24