

Appendix A
Written Notification of Incident of Physical Restraint
(To be provided to parent/guardian no later than one school day after the incident)

Today's Date: _____

Date of Incident: _____

Dear Parent(s) or Guardian(s) of _____,

As required by the State of Alabama, this is to notify you that physical restraint was used with your child at school on _____. Additional attempts to contact you by phone or email have also been made so that we can arrange a meeting to discuss the incident.

If you have any questions, please do not hesitate to contact your child's school.

Sincerely,

Principal/Designee

Appendix B

School's Documentation of Required Action Taken After Incident of Physical Restraint All items to be completed for each incident of physical restraint

Name of Student: _____

Date of Restraint: _____

(Check items as they are completed and fill in additional information as required):

Written Notification of Incident to Parent/Guardian Within One School Day of Incident:

Initial Written Notification of Incident sent to parent/guardian no later than one school day after the incident with copy to the Director of Student Services.

Date sent: _____

Incident Report Completed Within One School Day of Incident:

- Date Incident Report Completed: _____
- Incident Report reviewed by School Principal/Designee
- Incident Report placed in school file
- Copy of Incident Report provided to the Director of Student Services

Debriefing Session Convened by School Principal/Designee with all Staff Involved in Incident Within Five School Days of Incident:

Date debriefing session held: _____

When completed, send a copy of this Document to the District's Director of Student Services

Appendix C
INCIDENT REPORT OF USE OF PHYSICAL RESTRAINT

Name of Student: _____

Date of Restraint: _____

Date of Report: _____

Student's: Ethnicity: _____ Gender: _____ Disability: _____

(Check items as they are completed and fill in additional information as required):

Location where Restraint Occurred: _____

Precipitating behavior or antecedent: _____

De-escalation efforts made prior to need for restraint: _____

Type of restraint used: _____

Description of student's behavior and physical status during the restraint: _____

Any injuries to the student or staff related to the restraint: _____

Total time student was restrained: _____

Name/position of staff involved/observing the restraint and signatures:

Name Position

Name Position

Name Position

Provide completed Report to School Principal/designee for review and maintenance in school file.

Principal will provide a copy to the District's Director of Student Services.