

Notice Regarding Use of Seclusion/Restraint

To: _____
(Parent/Guardian)

Date: _____

From: _____
(Administrator)

Re: _____
(Student)

An incident occurred at school today, _____,
(date) which required that

_____ Seclusion

_____ Restraint

be used with your child. A full report describing the incident will be available within 3 business days. If you would like a copy of the report, please notify the school office.