



DISTRICT SCHOOL BOARD OF PASCO COUNTY SCHOOL DOCUMENTATION OF PHYSICAL RESTRAINT AND/OR SECURED SECLUSION

MIS Form #411
8/12

School _____ Student _____ ID# _____ Incident Time _____
 Incident Code: ES1-Danger to Self or Others Reporting Staff _____ Incident Date _____

Section 1003.573, Florida Statutes (F.S.), requires that parents be informed each time a restraint and/or seclusion is used with a student with a disability. This *notification* must be **in writing and provided before the end of the school day in which the restraint and/or seclusion occurs**. Reasonable efforts must be taken to notify the parent or guardian by telephone or electronic mail or both. The school shall obtain and keep in its records the parent or guardian’s signed acknowledgement of the written notification. If parents fail to return the signed acknowledgement of their receipt of *notification*, please document and sign a **minimum of two (2) attempts made to notify parents** below:

Documentation of Attempts to Obtain Written Parent Acknowledgement of *Notification*

Attempt #1	Attempt #2	Attempt #3
<input type="checkbox"/> In Person	<input type="checkbox"/> In Person	<input type="checkbox"/> In Person
<input type="checkbox"/> Telephone	<input type="checkbox"/> Telephone	<input type="checkbox"/> Telephone
<input type="checkbox"/> Email	<input type="checkbox"/> Email	<input type="checkbox"/> Email
<input type="checkbox"/> US or Certified Mail	<input type="checkbox"/> US or Certified Mail	<input type="checkbox"/> US or Certified Mail
Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____
X _____	X _____	X _____

In addition to the written notification described above, an *incident report* shall be prepared within 24 hours after a student is released from seclusion and/or restraint. Schools are required to provide the parent or guardian with the completed incident report **in writing by mail within three (3) school days** after the event. The school shall obtain and keep in its records the parent or guardian’s signed acknowledgement that the incident report was received. If parents fail to return signed acknowledgement of their receipt of the *incident report*, please document and sign a **minimum of two (2) attempts made to obtain written acknowledgement from the parents** below:

Documentation of Attempts to Obtain Written Parent Acknowledgement of *Incident Report*

Attempt #1	Attempt #2	Attempt #3
<input type="checkbox"/> US Mail	<input type="checkbox"/> US Mail	<input type="checkbox"/> US Mail
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Certified Mail
	<input type="checkbox"/> Email	<input type="checkbox"/> Email
	<input type="checkbox"/> In Person	<input type="checkbox"/> In Person
Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____
X _____	X _____	X _____