



**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
PARENT NOTIFICATION OF PHYSICAL RESTRAINT  
AND/OR SECURED SECLUSION**

MIS Form #412  
Rev. 8/12

**School Copy** (Please Return)

**Parent Copy** (Please Keep)

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. The school is required to obtain and keep in its records the parent or guardian's signed acknowledgment of the written notification. Please sign the document checked *School Copy* and return to your child's teacher. You may keep the *Parent Copy* for your records. A detailed incident report will be sent to you within the next three (3) school days.

**School:** \_\_\_\_\_ **Student:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Incident Time:** \_\_\_\_\_

**Incident Code:** ES1-Danger to Self or Others **Reporting Staff:** \_\_\_\_\_ **Incident Date:** \_\_\_\_\_

When	Location		
<input type="checkbox"/> Instructional Time <input type="checkbox"/> Transition Time <input type="checkbox"/> Bus Ride <input type="checkbox"/> During a school sponsored activity <input type="checkbox"/> During a non-school sponsored activity	<input type="checkbox"/> 1CA Cafeteria <input type="checkbox"/> 1CL Classroom Trip <input type="checkbox"/> 1GR Grounds <input type="checkbox"/> 1GY Gymnasium <input type="checkbox"/> 1HA Hallway <input type="checkbox"/> 1LR Locker Room	<input type="checkbox"/> 1ME Media Center <input type="checkbox"/> 1OC Outside Class <input type="checkbox"/> 1OF Office <input type="checkbox"/> 1PL Parking Lot <input type="checkbox"/> 1PR Playground/Recess	<input type="checkbox"/> 1RE Restroom <input type="checkbox"/> 1ST Stadium <input type="checkbox"/> 2FT Field Trip <input type="checkbox"/> 3BS Bus Stop <input type="checkbox"/> 3SB School Bus

Physical restraint or secured seclusion is only used when all other options have been exhausted and the individual is a danger to self and/or others. The following emergency procedure(s) was used today with your child:

<p><b>Physical Restraint (R)-55</b> (Check only one type below):</p> <input type="checkbox"/> CPI Children's Control <input type="checkbox"/> CPI Team Control <input type="checkbox"/> CPI Transport Position <input type="checkbox"/> CPI Interim Control Position <input type="checkbox"/> Reasonable Force	<p><b>Were there any injuries occurring during or resulting from the incident?</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes (Contact the parents immediately. Please describe injury and medical treatment needed below.)
<input type="checkbox"/> <b>Secured Seclusion (L)-56</b>	

For more information about the incident, please contact: \_\_\_\_\_  
Name and Telephone Number

***Please sign below to indicate acknowledgement that notification was made regarding the restraint and/or seclusion listed above.***

I was notified that my child, \_\_\_\_\_ was physically restrained and/or secluded today.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date