**WAUPACA SCHOOL DISTRICT**

**Notification & Reporting of Physical Restraint and/or Seclusion**

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| --- | --- | --- | --- |
| Student Name:  | NAME | Parent’s Name: | NAME |
| Date Parents were notified of incident: | DATE | (Parents need to be notified no later than one business day after the incident occurred) |

|  |  |  |
| --- | --- | --- |
| Date written report will be available for parents: | DATE | (Must be available for review by the pupil’s parents within 3 business days of incident) |
| How were parents notified? | Explain |

|  |
| --- |
| **Incident Written Report** |
| Check item(s) that apply |
|[ ]  **Physical Restraint** | Date | DATE | Time | TIME | Duration | TIME |
|[ ]  **Seclusion** | Date | DATE | Time | TIME | Duration | TIME |
| Description of the incident (use additional pages as needed) |
| Description |
| Description of the action of the pupil |
| 1. **Before the incident**
 | Explain |
| 1. **During the incident**
 | Explain |
| 1. **After the incident**
 | Explain |
| Names of the covered individuals present during the incident.  | Titles of the covered individuals present during the incident. |
| NAME | TITLE |
| NAME | TITLE |
| NAME | TITLE |
| NAME | TITLE |
| NAME | TITLE |
| NAME | TITLE |