**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) | |

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| --- | --- | --- |
| 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 | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | |
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