



Hillsboro City Schools Restraint/Seclusion Notification Form

(Debriefing form should be filled out on the day that a student has been restrained or secluded and sent to Central Office Attention: Deanna Corder via email the same day.)

Student: _____

Student ID Number _____ Date of Incident: _____

(Place an X in the box to indicate if Restraint or Seclusion was implemented)

_____ Restraint was used as a last resort as there was immediate risk of physical harm to the student or others as no safe other options was available.

_____ Seclusion was used to involuntarily isolate a student in a room, enclosure or space from which the student was prevented from leaving. (If this is marked with an X, please indicated the method of seclusion) _____ Physical Restraint _____ Closed Door _____ Physical Barrier

Date Parent was contacted to notify of the use of restraint or seclusion: _____

Time of Contact _____

Type of Contact: (Please Circle type of Contact)

Phone Call _____ Home Visit _____ Emergency Removal-Parent Pickup _____

Is the Student a Resident of Hillsboro City Schools? (Circle) Yes _____ No _____

If No, His/Her district of Residence needs to be notified

Resident District if other than Hillsboro _____

Information to be completed by Central Office

Date Contacted by Phone: _____ Time: _____

Date Restraint/Seclusion Notification was mailed: _____

To whom was it mailed? _____

(If the student is a student with a disability, please make sure that District of Residence Special Education Director was notified.) Special Education Director's Name _____

Does the student have a disability? Circle Yes _____ No _____

Date and Time Special Education Director was notified _____

Method of Contact (circle)

Phone Call

Email

Notification Letter

Contact who was notified: _____