



## Hillsboro City Schools Restraint/Seclusion Notification Form

(Debriefing form should be filled out on the day that a student has been restrained or seclude and sent to the District Office)

Student: \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

Is this student a Hillsboro City School student? \_\_\_ Yes \_\_\_ NO

If no, give the District of residence? \_\_\_\_\_

Does this student have a disability? \_\_\_\_\_

(Mark the box to indicate if Restraint and/or Seclusion was implemented)

\_\_\_\_\_ Restraint was used as a last resort as there was an immediate risk of physical harm to the student or others as no other safe option 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, please indicate the method of seclusion.)

\_\_\_\_\_ Physical Restraint \_\_\_\_\_ Closed Door \_\_\_\_\_ Physical Barrier \_\_\_\_\_ Other \_\_\_\_\_

Parent Information:

Date contacted: \_\_\_\_\_

Name of parent contacted \_\_\_\_\_ phone number used \_\_\_\_\_

\_\_\_\_\_ Phone call \_\_\_\_\_ email \_\_\_\_\_ letter \_\_\_\_\_ Home Visit

### **District Office**

Date received by District Office \_\_\_\_\_ Time: \_\_\_\_\_

*If the student has a disability and is from another district make sure the District of Residence is notified.*

Date of notification \_\_\_\_\_ Who was notified \_\_\_\_\_

How were they notified? \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_ fax \_\_\_\_\_ Letter sent (date \_\_\_\_\_)

Attachments:

\_\_\_\_\_ Statements from staff members - name of staff member(s) \_\_\_\_\_

\_\_\_\_\_ Statements from students if applicable – name of student(s) \_\_\_\_\_