

Parental Report of Seclusion or Restraint
Lebanon R3 School District

The district will attempt to notify the parents/guardians of the student as soon as possible but no later than one hour after the end of the school day on which seclusion or restraint occurred. Notification will be oral or electronic and will include a statement indicating that the district or district contractor will provide the parents/guardians a copy of the report required by law and this policy within five school days. Ref. JGGA

***This is an educational record and must be attached to the student file.
Please email a copy to Kelli Katska - kkatska@lebanon.k12.mo.us***

Name:	DOB:	Gender:	Time:
Teacher:	Grade:	School:	
Date:	Time Began:	Time Ended:	Location:
Does this student have any of the following: <input type="checkbox"/> IEP <input type="checkbox"/> BIP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Personal Safety Plan			

Description of Incident

Description of Interventions Tried

What happened before or leading up to the incident?

Reason Seclusion or Restraint Used?

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Describe method of Seclusion or Restraint used?

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Describe nature and extent of injury to the student if any

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<input type="checkbox"/> Medical Staff Notified	<input type="checkbox"/> N/A	Date:	Time:
<input type="checkbox"/> Administrator Notified		Date:	Time:
<input type="checkbox"/> Agency/Police Notified	<input type="checkbox"/> N/A	Date:	Time:
Specify:			
<input type="checkbox"/> Parent Notified Day of the Incident... <i>attempt to notify the parents/guardians of the student as soon as possible but no later than one hour after the end of the school day</i>			
<input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Email			
You must tell the parents/guardians a copy of the report will be provided within five school days.			
<input type="checkbox"/> Parent Provided Report <i>(Required within 5 school days of incident)</i>			

Names of Staff Members Involved (including certifications) in the use of Seclusion or Restraint:
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Report completed by:	Signature:	Date:
Printed Name:		
Role:		

If there are any further questions regarding this incident, please contact: _____

Parent/Guardian: If you need sociological, emotional, or behavioral support please reach out to your medical provider.

To report report child abuse and neglect please call 1-800-392-3738.

If you wish to file a complaint please contact Nick Cotta at 417-657-6001.