

Wakulla County Schools
NOTIFICATION OF STUDENT RESTRAINT /SECLUSION

Student: _____ **Date:** _____

Time of Restraint/Seclusion: _____

Restraining Teacher/Administrator: _____

In accordance with HB 1073, a school shall notify the parent or guardian each time manual physical restraint or seclusion in writing is used before the end of the school day on which the restraint or seclusion occurs.

This is your notification that your child was restrained today.

You will be provided with the completed incident by mail within three school days after the student was manually restrained or secluded.

Please acknowledge your receipt of this notification of restraint/seclusion by signing and returning this letter to your child's teacher.

Parent/Guardian Signature **Date:** _____

Please feel free to contact your child's teacher, _____, should you have questions or wish to discuss this incident.

Parent/guardian was contacted:

by phone/voicemail _____ at _____
(circle one) (list number) (time)

by e-mail *(attach copy)*

Signature of Teacher or Administrator