

SPRINGFIELD LOCAL SCHOOLS

SECLUSION AND PHYSICAL RESTRAINT DOCUMENTATION

NAME OF CHILD: _____

BIRTHDATE: _____ GRADE: _____ DATE: _____

PARENT(S): _____

PHONE: (HOME) _____ (WORK) _____ (MOBILE) _____

BUILDING: _____ CASE MANAGER: _____

LOCATION: _____ Select one: Seclusion or Physical Restraint

Beginning Time : _____ End Time: _____

Provide the following information: the location of seclusion; activity and behavior prior to the seclusion/physical restraint; a description of the de-escalation techniques and interventions used prior to and following the seclusion/physical restraint; and a description of any injuries to the student or school employees.

Signatures of persons directly involved (including witnesses) in the seclusion/physical restraint of the student:

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| Signature: | Title: | Date: |
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Required Data and Reporting

Each use of seclusion or restraint shall be documented in writing and reported to the building administration immediately; reported to the parent immediately; and documented in a written report. A copy of the written report shall be made available to the parent or guardian within 24 hours, and the school shall maintain a copy of the report in the student's file. These reports are educational records subject to the Family Educational Right to Privacy Act, and a school district is prohibited from releasing any personally identifiable information to anyone other than the parent, in accordance with the requirements of that Act.

Every school district shall report information concerning its use of restraint and seclusion annually to the Ohio Department of Education as requested by the Ohio Department of Education.