

**Written Notification of Use of Restraint:
*Internal Tracking Form***

Student Name: _____	Date: _____
Name of Staff Members Administering Restraint: _____ _____ _____	Date of Restraint Training: * _____ _____ _____

*Personnel called upon to use restraint who have not received prior training must receive training within 30 school days.

Administrator Notification (Must occur the same day that the restraint occurred)	
Type of Notification:	
<input type="checkbox"/> Verbal	<input type="checkbox"/> Written
Date of notification: _____ Time: _____ Name of Administrator Notified: _____	

Parent Notification (Good faith effort must be made to verbally notify parent the same day as the restraint occurred, written notification must be placed in mail or otherwise provided to parent within one day of the use of restraint)		
Type of Notification:		
<input type="checkbox"/> Telephone – Date: _____	<input type="checkbox"/> In-person – Date: _____	<input type="checkbox"/> Written – Date: _____
Comments: _____ _____ _____ _____		
Name of Person Notifying Parent of Use of Restraint: _____		