

## PART ONE: NOTIFICATION OF 10 INCIDENTS OF RESTRAINT AND/OR SECLUSION

(To be completed by the School, LEA, or PA)

### NOTIFICATION

School Year: \_\_\_\_\_

LEA / Public Agency / Nonpublic School name: \_\_\_\_\_

LEA / Public Agency / Nonpublic School number: \_\_\_\_\_

School name(s): \_\_\_\_\_

School number(s): \_\_\_\_\_

Date of Incident #10 (20,...): \_\_\_\_\_

Date of notification to MSDE (from Nonpublic School, LEA, or Public Agency): \_\_\_\_\_

Name and title of individual notifying MSDE: \_\_\_\_\_

## STUDENT INFORMATION

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Student Age \_\_\_\_\_

Grade: \_\_\_\_\_

State Assigned Student ID: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

IEP or IFSP:      Yes      No

Disability Code: \_\_\_\_\_

Placement Type: \_\_\_\_\_

504 Plan:      Yes      No

**Number of Incidents Included in this Form:**

## STUDENT INCIDENT INFORMATION

Incident #	Incident Date	Restraint or Seclusion	Start Time and End Time	School Name	Behavior that posed "imminent serious physical harm"	Date and type of parent notification