Mineral Point Unified School District

Parent's Name Pupil's Name Method (circle): Date Parents were notified of Parents need to be notified no later the incident: Phone call/message Email than one business day after the Conference Other: incident occurred Time Parents were contacted: Name of person who made contact: Administrator contacted: Date written report will be available for parents: Must be available for review by the pupil's parents within 3 business days of the incident Is other follow-up needed (circle)? Review/Revise BIP IEP Meeting FBA BIP Team Debriefing Parent/Guardian Conference Other :

Notification & Reporting of Physical Restraint and/or Seclusion

Names and titles of the covered individuals present during the incident:	Title

Procedures used to attempt to de-	escalate the student prior to seclusion/restraint:		
Description of the actions of the pupil			
1. Before the incident			
 During the incident (minimum report every 5 minutes; use back of sheet if necessary) 			
3. After the incident			

Was seclusion used?	Yes	No
Was restraint used?	Yes	No
List type of restraint(s):		
Was there any injury/damage?	Yes	No
If yes, describe and complete		
district accident report form:		