

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:

