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:	IEP or IFSP: Yes No			
DOB:	Disability Code:			
Student Age	Placement Type:			
Grade:	504 Plan: Yes No			
State Assigned Student ID:				
Ethnicity:	Number of Incidents Included in this Form:			
Race:				
Gender:				

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	