

Students

Exhibit - Notification of Isolation-Physical Restraint Letters to Parent-Guardian

[MUST SEND TO PARENT/GUARDIAN WITHIN 24 HOURS OF INCIDENT UNLESS THE PARENT HAS PROVIDED A WRITTEN WAIVER OF THE NOTICE REQUIREMENT.]

Notification of 1st or 2nd Incident of Physical Management/Restraint or Isolated Time Out

Date: _____

Re: Notification of Use of Physical Management/Restraint or Isolated Time Out

To: _____

It is our objective at the Lincoln Academy Therapeutic Day School to support all of our students in the development of academic and social-emotional skills that will support their growth toward independence.

At times, individual students may need additional supports to insure the maintenance of a safe school and educational environment. NDSEC Board Policies 6:120, *Education of Children with Disabilities*, and 7:190, *Student Discipline*, and 7:190-AP4, *Administrative Procedure – Use of Isolated Time Out and Physical Restraint*, permit the use of physical management/restraint and isolated time out as necessary to maintain a safe and orderly environment for learning and preserve the safety of students and others.

This letter is to notify you that on _____, your child, _____, was involved in an incident which required the use of a physical management/restraint and/or isolated time out to maintain his/her safety, and/or that of others.

In particular, your student engaged in the following behavior(s):

As a result of your student’s behavior(s), the following intervention(s) was/were used:

If you have any questions or would like additional information regarding this incident, the interventions used, and/or notification procedures, please feel free to contact me directly.

Sincerely,

[insert name]

Principal

Lincoln Academy Therapeutic Day School

630-529-4050

Notification of 3rd Incident of Physical Management/Restraint or Isolated Time Out

Date: _____

Re: Notification of Use of Physical Management/Restraint or Isolated Time Out

To: _____

It is our objective at the Lincoln Academy Therapeutic Day School to support all of our students in the development of academic and social-emotional skills that will support their growth toward independence.

At times, individual students may need additional supports to insure the maintenance of a safe school and educational environment. NDSEC Board Policies 6:120, *Education of Children with Disabilities*, and 7:190, *Student Discipline*, and 7:190-AP4, *Administrative Procedure – Use of Isolated Time Out and Physical Restraint*, permit the use of physical management/restraint and isolated time out as necessary to maintain a safe and orderly environment for learning and preserve the safety of students and others.

This letter is to notify you that on _____, your child, _____, was involved in an incident which required the use of a physical management/restraint and/or isolated time out to maintain his/her safety, and/or that of others.

In particular, your student engaged in the following behavior(s):

As a result of your student’s behavior(s), the following intervention(s) was/were used:

A meeting is scheduled for [date – must provide 10 days’ notice] at [time] at Lincoln Academy Therapeutic Day School (320 N. Lincoln, Roselle, Illinois 60172) to review the effectiveness of the procedures used, prepare/review an individual behavior plan for your child, and consider your child’s need for special education or an alternative program. The results of the review will be included in your student’s temporary student record. You are encouraged to attend this meeting. If you are not available

on the scheduled date and time, please contact me immediately so that we can agree upon another date/time for the meeting.

If you have any questions or would like additional information regarding this incident, the interventions used, and/or notification procedures, please feel free to contact me directly.

Sincerely,
[insert name]
Principal
Lincoln Academy Therapeutic Day School
630-529-4050

Added to Policy Manual: 12/2016

Updated: 3/2017