Willard R-II Schools Restraint and Seclusion Documentation Form

Date: Sch	nool:	
Student Name: Age	e: Grade:	
Specific Location of Incident: S	tart Time: Stop Time:	
☐ IEP Does Stude ☐ 504 ☐ General Education	nt Have a BIP? Yes -	
Names of school personnel involved:		
Narrative: (Include events that led up to the incider used, response of student)	nt, description of interventions and the restraint	
☐ Restraint Occurred: Start time ☐ Seclusion Occurred: Start Time (Add additional lines if multiple restraints/sec	Stop Time	
Reported by: (Name/Title)		
Disciplinary Action Given: (attach discipline report if needed)		
Medical needs/Injuries incurred and treatment: (attach incident report if needed)		
	Decision-Making Matrix [™]	
Plan to prevent the need for future use of restraint:	Low Risk	
Notification to parent/guardian:		
Date: Time: (must occur by	the end of the day the incident occurred)	
Method of notification: In Person		
Written report provided to parent: (must be within 5 school days)		
Notification to Building Administrator:	Date: Time:	
If IEP/504 student, Notification to SPED Director:	Date: Time:	
Reporting Document Completed on:		

School Contact Name:	Phone number:
If you have concerns regarding this incident, please contamelissalewis@willardschools.net or 417-742-0930.	act Melissa Lewis, Director of Student Services at
To report child abuse and neglect in Missouri, call 800-39	2-3738 or Relay Missouri at
800-735-2466 (voice) or 800-735-2966 (text).	
Printed Name of Person Preparing Report:	
Role in Incident:	
Signature of Person Preparing Report	Date