



**Chapter 103 Documentation Form
Use of Physical Restraint and/or Seclusion
Muscatine Community School District**

Student:	Date of Occurrence:	Recorded in PowerSchool:
Start time of occurrence:	End time of occurrence:	
Employee Names & Titles ; who observed, were involved with or implemented physical restraint and /or seclusion during occurrence (including administrators who approve extended time if applicable):	Employee's date of last training on use of physical Restraint & Seclusion:	
Describe student actions before, during & after occurrence:		
Describe employee actions before, during & after the occurrence, including the reason for any of the following if applicable: use of non-approved restraint, use of non-designated seclusion rooms, any restraint or seclusion that lasted longer than necessary:		
Describe any less restrictive means attempted as an alternative to physical restraint & seclusion or why those means would not be effective or feasible, or have failed:		
Approval from administrator to continue physical restraint or seclusion past 15 minutes:	Approval obtained from administrator to continue physical restraint or seclusion more than 30 minutes past last approval time:	
Administrator approving:	Administrator Approving:	
Time Approved:	Time Approved:	
Reasons for length of occurrence:	Reasons for length of occurrence:	
If Administrator approval was not obtained at 15 minutes or every 30 minutes thereafter, or a student was not provided with breaks for bodily needs in occurrences lasting longer than 15 minutes, explain why:		

Parent/Guardian notification: Parents/Guardians will be notified as soon as practicable once the occurrence is under control, but no more than one hour after, or the end of the school day, whichever occurs first. Space below for documenting multiple attempts to notify parents/guardians is listed in case the parent/guardian cannot be reached in the first attempt.

Employee attempting notification:	Parent/Guardian contacted:	Time & Manner of attempted notification:	Time & Manner of attempted notification:
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Employee attempting notification:	Parent/Guardian contacted:	Time & Manner of attempted notification:	Time & Manner of attempted notification:
Employee attempting notification:	Parent/Guardian contacted:	Time & Manner of attempted notification:	Time & Manner of attempted notification:
If Parent/Guardian notification requirements were not complied with, explain why:			
Describe injuries sustained or property damaged by student or employee:			
Describe future approaches to address student behavior including any consequences or disciplinary actions that may be imposed on the student:			

This form has been reviewed & completed by the undersigned employee. A written copy of this form has been sent to the student's parent/guardian within in 3 school days of the occurrence. Unless the parent/guardian agrees to receive the report by email, fax, or hand delivery, the report must be sent by mail & postmarked by the 3rd day following the occurrence. Enclosed with a copy of this form is an invitation for the parents /guardians to participate in the debriefing meeting scheduled in accordance with the law.

Employee

Date of form delivered to parent/guardian

Method of transmittal