

TIMEOUT AND PHYSICAL RESTRAINT (ALL STUDENTS) EXHIBIT

(Date)

(Name of Parent/Person in Parental Relation)

(Address of Parent/Person in Parental Relation)

Dear *(Parent/Person in Parental Relation Name)*:

As we notified you on *(date)* via *(method of communication)*, *(student's name)* engaged in the following behavior: *(description of behavior precipitating the use of timeout or physical restraint)* on *(date)*.

We attempted the following behavior support strategies: *(description of positive, proactive strategies, less restrictive and intrusive interventions, and de-escalation techniques used prior to timeout or restraint use)*.

When these attempts did not succeed, we [*select one: [(A) sent (student's name) to the space used for timeout (or insert name used by the school) (B) physically restrained (student's name)]*] for a period of *(number)* minutes.

We invite you to meet with us to discuss this incident. Please contact me at *(contact information)* to schedule a time. We have also included a copy of the documentation of the incident, as well as the district's policy and regulation on timeout and restraint.

Please contact *(name and contact information)* if you have any questions or need any additional information.

Sincerely,

(Name, Title)

Adoption Date: March 1, 2023

Revision Date: January 10, 2024