

SPECIAL EDUCATION

NOTIFICATION: EMERGENCY USE OF A CONDITIONAL PROCEDURE ON A PUPIL WITH AN IEP

Pupil's Full Name: _____ CIF #: _____
School: _____ Birthdate: _____
Grade: _____ Date Conditional Procedure Used: _____

Please complete this form when a conditional procedure is used in an emergency.

Procedure Used: _____ 1) Manual Restraint _____ 2) Mechanical/Lock _____ 3) Time Out: Seclusion

1. Description of events and pupil behavior leading to the use of an emergency procedure (include any other interventions attempted):

2. Other pertinent information (include staff involved, area used, duration, etc.).

3. Parent/guardian(s) were notified on _____ (date) by _____ (name)

_____ Telephone _____ Copy of this report _____ Home Visit

4. Does the use of this conditional procedure necessitate an IEP Team Meeting? _____ YES _____ NO
(For the second emergency use of a conditional procedure, in a one month period of time, an IEP Team meeting is required.)

Report completed by: _____ Name and Title _____ Date _____

Distribution: Student File - white Parent - yellow Director of Special Education - pink

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