

Wakulla County Schools
Record of Contact for Notification of Physical Restraint/Seclusion

Student: _____ Date of Incident: _____

Date/Method of Initial Parent Notification:

Date: _____	Time: _____	Notified by: _____
<input type="checkbox"/> Left Voice mail	<input type="checkbox"/> Email (<i>print & attach copy</i>)	<input type="checkbox"/> Phone/spoke with: _____
Date of written Parent Notification of Restraint/Seclusion sent home: _____		
Date Parent Acknowledgement of Initial Parent Notification is received by school: _____		

Date/Method of first attempt to procure Parent Acknowledgement (if needed) after five school days:

Date: _____	Notified by: _____	
<input type="checkbox"/> Left Voice mail	<input type="checkbox"/> Email (<i>print & attach copy</i>)	<input type="checkbox"/> Phone/spoke with: _____

Date/Method of second attempt to procure Parent Acknowledgement (if needed) after ten school days:

Date: _____	Notified by: _____	
<input type="checkbox"/> Left Voice mail	<input type="checkbox"/> Email (<i>print & attach copy</i>)	<input type="checkbox"/> Phone/spoke with: _____

Date Restraint/Seclusion Incident Report and Parent Acknowledgement of Receipt of Incident Report is mailed: _____

Date Parent Acknowledgement of Restraint /Seclusion Incident Report is received by school: _____

Date/Method of first attempt to procure Parent Acknowledgement of Receipt of Incident Report (*if needed*) after five school days:

Date: _____	Notified by: _____	
<input type="checkbox"/> Left Voice mail	<input type="checkbox"/> Email (<i>print & attach copy</i>)	<input type="checkbox"/> Phone/spoke with: _____

Date/Method of first attempt to procure Parent Acknowledgement of Receipt of Incident Report (*if needed*) after ten school days:

Date: _____	Notified by: _____	
<input type="checkbox"/> Left Voice mail	<input type="checkbox"/> Email (<i>print & attach copy</i>)	<input type="checkbox"/> Phone/spoke with: _____