

APPENDIX D

SAFE PHYSICAL INTERVENTION PARENT NOTIFICATION FORM

Please check the boxes and sign.

I understand that, on occasion, the school staff may be required to use physical intervention as part of the Safety Plan for my child

_____ at _____
(name) (school name)

- I have received a copy of the policy and administrative procedures
- The policy and procedures regarding the use of physical intervention have been explained clearly and fully by _____.
- I have been consulted and am aware of the specific procedures in the Safety Plan.

Parent/Guardian Signature:

Relationship to Child:

Date:

Witness:

Copies: OSR (original)
 Parent
 School Superintendent
 Principal Special Education