

**ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD
POLICIES AND PROCEDURES
SECTION 4: PERSONNEL**



APPENDIX C

**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 Safe Physical Intervention 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 Safe Physical Intervention Plan that are part of the Individual Education Plan for my child.

Parent/Guardian Signature: _____

Relationship to Child: _____

Date: _____

Witness: _____

Copies: OSR (original)
Parent
School Superintendent
Assistant Superintendent-Special Education