EVERETT AREA SCHOOL DISTRICT

427 East South Street

Everett, PA 15537-1295

(814) 652-9114

FAX (814) 652-6191

Date:

Dear Parent/Guardian:

Due to aggressive behavior, and to ensure the safety of your child and other children within the school setting, your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was placed in a restraint on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Student’s Name Date

Provisions in Chapter 14 and Chapter 711 state:

The use of restraints to control the aggressive behavior of an individual student or eligible young child shall cause the school entity/charter school to notify the parent of the use of restraint and shall cause a meeting of the IEP team within 10 school days of the inappropriate behavior causing the use of restraints, unless the parent, after written notice, agrees in writing to waive the meeting.

Please indicate your choice and return this to the address listed below. If your response is not received within 5 days of the date of the restraint, we will schedule an IEP team meeting to consider if your child needs a functional behavioral assessment, reevaluation, a new or revised positive behavior support plan, or a change of placement to address the behavior that was aggressive in nature.

If you have additional questions or wish to discuss the options available, please contact

Sincerely,

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At this time, I agree to waive the IEP meeting for my child.

Initial

I do not agree to waive the IEP meeting and understand this meeting will be scheduled within 10 days of the date in which the restraint occurred.

Initial

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Parent/Guardian Signature Date

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Signature of District LEA Date