**Restraint & Seclusion**

**District Annual Report**

School District Name:

Printed name of person completing the report:

Phone:

Signature:

Date:

# Required Information

Total number of incidents involving the restraint or seclusion of a student: \_\_\_\_\_\_\_

Number of incidents that resulted in injury or death of students or personnel: \_\_\_\_\_\_\_

Number of incidents in which school personnel involved in the restraint or seclusion were not trained in an approved crisis intervention training program as described in Alaska Statute 14.33.127(b): \_\_\_\_\_\_\_

In the table below, provide the number of incidents involving the restraint or seclusion of a child with a disability under Alaska Statute 14.30.350. The report must also include the category of the disability of the child involved in each incident.

| **Disability Category** | **Number of incidents involving a child with a disability** |
| --- | --- |
| Cognitive Disability (CI) |  |
| Emotional Disturbance (ED) |  |
| Deaf-Blindness (DB) |  |
| Hearing Impairment (Includes Deaf) (HI) |  |
| Orthopedic Impairment (OI) |  |
| Other Health Impairment (OHI) |  |
| Speech or Language Impairment (SI) |  |
| Visual Impairment (VI) |  |
| Multiple Disabilities (MD) |  |
| Developmentally Delayed (DD) |  |
| Specific Learning Disability (LD) |  |
| Autism (AUT) |  |
| Traumatic Brain Injury (TBI) |  |

Please email this form to [Sharon.fishel@alaska.gov](mailto:Sharon.fishel@alaska.gov) or [Samantha.Wilson@alaska.gov](mailto:Samantha.Wilson@alaska.gov) by June 30, 2024.