



Kankakee Area Special Education Cooperative

P.O. Box 71 St. Anne, IL 60964 * 815-422-4151 Telephone * 815-422-5023 Fax

ACKNOWLEDGMENT OF RECEIPT OF PARENT HANDBOOK

I have received a copy of the parent handbook.

PARENT

DATE

ACKNOWLEDGMENT OF USE OF PHYSICAL INTERVENTION

I have read the policy on the use of physical restraint. I understand that I may request a copy of the procedures on the use of physical restraint. I understand that KASEC staff may use physical restraint with my child if my child's behavior presents an imminent danger of serious physical harm to self or others.

PARENT

DATE

ACKNOWLEDGMENT OF NOTIFICATION OF INTENT TO SEARCH PERSON AND PERSONAL EFFECTS

I, _____, understand that the KASEC staff may search my child as he/she arrives to school and any other time that there is suspicion that he/she may be in possession of any weapon, drugs, incendiaries, or other dangerous items.

PARENT

DATE

ADDITIONAL TREATMENT/SUPPORT PROCEDURES

Additional treatment and supports are viewed as therapeutic responses when a student poses a danger to harm him/herself or others. This may include assault threats or acts of injurious behavior.

Treatment/Supports include:

- Unscheduled counseling/social work support
- Informing parents/guardians
- Consultation with appropriate community treatment providers
- Transportation via ambulance to local emergency room for evaluation
- Communication with the School Resource Office for possible arrest/filing charges

I have been informed of the special treatment/support procedures at KASEC and understand the implications.

PARENT

DATE