

MOUNT PLEASANT COTTAGE SCHOOL

Union Free School District
1075 Broadway, P.O. Box 8
Pleasantville, NY 10570
Phone (914) 769-0456
Fax (914) 747-5596

James Gaudette
Superintendent of Schools

Monica Baron
Principal

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
USE OF PHYSICAL FORCE/CORPORAL PUNISHMENT REPORT FORM**

PART 1: Please complete and return to the Superintendent of Schools by the end of the school day the incident occurred. Verbally notify the Principal immediately.

Childs Name:	DOB:	Grade Level:
Date of Restraint:	Time of Restraint:	Location of Restraint:
Duration of Restraint:	Type of Restraint: (check one) <input type="checkbox"/> Escort <input type="checkbox"/> Standing Hold <input type="checkbox"/> Restraint/Takedown	

- 1) Employee(s) names(s) administering restraint/ physical force/corporal punishment (circle one)

- 2) Briefly describe this incident

- 3) Provide rationale for use of restraint/ physical force/ corporal punishment?

4) What complaint was filed by the parents/guardians, if any? _____

5) Were there other actions that resulted from the complaint? _____

Signature of Building Principal

Date

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(cont'd.)**

PART II : Completed by Superintendent

1) If a Superintendent Conference was held, what was the outcome? _____

2) Other recommendations or steps taken: _____

Signature of Superintendent

Date

Reported to State Education Department on _____

Date