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.

<table>
<thead>
<tr>
<th>Childs Name:</th>
<th>DOB:</th>
<th>Grade Level:</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Date of Restraint:</th>
<th>Time of Restraint:</th>
<th>Location of Restraint:</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Duration of Restraint:</th>
<th>Type of Restraint: (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>___Escort ___Standing Hold</td>
</tr>
<tr>
<td></td>
<td>___Restraint/Takedown</td>
</tr>
</tbody>
</table>

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?

___________________________________________________________________________

___________________________________________________________________________

Page 1 of 3
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
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