

Dear Parent/Guardian of _____,

On ____/____/____, staff intervened with your child to protect the safety of your child and/or the safety of others using one or more of the following interventions:

Isolated Time Out

Physical Management including one of the following Safe Crisis Management Interventions:

SCM Single Standing Assists: ___ Extended Arm ___ Crossed Arm ___ Cradle ___ Upper Torso
___ Shoulder

SCM Multiple Person Standing Assists: ___ Extended Arm ___ Biceps ___ Upper Torso

SCM Single Seated/Kneeling: ___ Cradle ___ Upper Torso

SCM Multiple Person Seated/Kneeling: ___ Biceps ___ Upper Torso

SCM Multiple Person Transport: ___ Hook

SCM Floor Assists: ___ Single Supine Torso ___ Multiple Supine Torso
___ Multiple Supine Extension

If you have any questions or concerns please feel free to contact the Director of Student Support Services at the Harlem Administrative Center (815) 654-4508.

Sincerely,

Approved: February 10, 2014

