

N Midwestern Intermediate Unit IV

453 Maple Street, Grove City, PA 16127 724-458-6700 fax: 724-458-5083 www.miu4.org

Date: _____

Dear _____

Please accept this letter as notification that today Safety Care Procedures were used in response to _____ behavior. For safety reasons it was necessary to utilize Safety Care to prevent harm to your child and / or harm to other people.

The details of the incident are as follows:

1. Behavior of concern _____

2. Positive and/or de-escalation techniques used prior to Safety Care _____

3. Safety Care started at _____ and ended at _____
4. Type of Safety Care procedures used _____

Due to the fact that Safety Care techniques were utilized, we are required to offer you an IEP meeting. During this IEP meeting, we may discuss:

- a. Positive Behavior Support Plan
- b. Functional Behavior Assessment
- c. Re-evaluation
- d. Placement and Services

If you are satisfied with the IEP, you may waive your right to an IEP meeting. Please complete the following page and return.

If you have any questions, you may contact me at _____. You

may also contact my Supervisor, _____, at _____.
(name) (phone)

Sincerely,

Classroom Teacher

CC: Program Supervisor

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Safety Care Notification

Student's Name _____

Date of Occurrence _____

I have been informed that Safety Care techniques were used with my child in an attempt to keep him/her or others safe. It is my right to request an IEP meeting to discuss my child's behavior.

_____ No, I do not want a meeting; I am satisfied with the IEP

_____ Yes, I am requesting a meeting to review the IEP

Parent's Signature

Date

Please return to your child's teacher by: _____