DATE

NAME OF PARENT/GUARDIAN

ADDRESS

CITY, STATE, ZIP

RE: STUDENT NAME

Dear PARENT/GUARDIAN NAME:

This letter is in follow-up to our phone conversation on DATE. On DAY, DATE your child was restrained or isolated at SCHOOL NAME. The staff members involved in this incident were LIST NAMES.

DESCRIPTION OF INCIDENT

Providing a safe learning environment for our students and staff is very important to us. If you have any questions or concerns about this incident, please feel free to give me a call at 425-385-xxxx.

Sincerely,

PRINCIPAL NAME

Principal