

# No Restraint Letter Sample

Parents Name  
Address  
City, State Zip Code  
Telephone Number

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Date

[Name of Special Education Director]  
[Name of School District]  
[Address of School]

Re: child's name and birth date

Dear Special Education Director:

My child, child's name, is a \_\_\_\_\_ grade student at \_\_\_\_\_ school. **[Insert child's name]** has insert disability and has received special education services since **[Insert grade or age.]**

We are concerned that **[Insert child's name's]** behavior challenges now are being or might be addressed in part through the use of seclusion, physical management or restraint. I have not authorized and will not consent to any activity that involves physically or mechanically restraining my child while at school or going to and from school. I know that special education law requires the use of functional assessments of behavior and positive behavior support plans to address behavior challenges. If the school feels **[Insert child's name's]** behavior is such that seclusion, physical management or restraints are being considered or used, it is obvious to me that we need to follow the law, do the assessment and develop a positive behavior support plan.

I am sure you are aware of the number of news reports in recent months highlighting the death of children with disabilities during or after having been secluded, physically managed or restrained. Given that special education law requires the development of behavior plans, and given the known risks to children – and to **[Insert child's name]** – of the use of seclusion and restraint, this letter is official notice that I will weigh all legal options if these activities against **[Insert child's name]** are not terminated immediately, pursuant to Gebser v. Lago Vista Independent School District, 524 U.S. 274 (1998), and Davis v. Monroe County Board of Education, 526 U.S. 629 (1999).

You may consider this letter a request to convene a behavior support team meeting to discuss **[Insert child's name's]** behavior and possible approaches to address his/her particular needs. You also may consider this letter my request and consent for the performance of a functional assessment of behavior across environments and across time, provided that I am informed in advance that the functional assessment of behavior is going to be conducted and am permitted to participate in the development and implementation of the assessment.

I want to work with you and with **[Insert child's name's]** teachers and professionals at \_\_\_\_\_ school to be sure that **[Insert child's name]** learns to develop positive behavioral skills in an environment that is safe for him/her, for his/her peers and for school personnel. I am certain that you also share my concern for student safety where seclusion or physical intervention has the potential to result in the student's death. I, like you, want my child's school to be a safe and secure environment where all students can learn. I want to work with you to help create that environment for **[Insert child's name]**.

Sincerely,

[Your name]  
[Your address]  
[Your telephone number]

cc: Insert name of school superintendent  
Insert name of state protection and advocacy system  
Insert name of state education department/compliance