



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001

## RTO REDUCTION PLAN EXEMPTION

### STUDENT CARE DEPARTMENT

In accordance with 105 ILCS 5/2-3.130 (f), a school is exempt from the requirement to submit an RTO Reduction Plan and the annual reports under subsection (e) if the school is able to demonstrate to the satisfaction of the State Board that (i) within the previous three years, the school district has never engaged in the use of physical restraint, time out, or isolated time out (RTO) **and** (ii) the school district has adopted a written policy that prohibits the use of physical restraint, time out, and isolated time out on a student **and** (iii) the school district is able to demonstrate the enforcement of that policy. If approved, this exemption will expire on the earlier of (1) an instance of physical restraint, isolated time out or time out is reported in the district; (2) there is a complaint finding of an instance of physical restraint, isolated time out or time out in the district; or (3) annually on the date of the issuance of the prior exemption.

**Instructions:** Please complete the following form and email it to [rtoreductionplan@isbe.net](mailto:rtoreductionplan@isbe.net). If a school district is in need of physical restraint, time out or isolated time out data, they may email [rtoreductionplan@isbe.net](mailto:rtoreductionplan@isbe.net).

Please provide the specific link (or attach a PDF) for the district policy prohibiting the use of physical restraint, time out, or isolated time out **and** provide evidence to demonstrate enforcement of the policy.

Upon receipt of this form, ISBE will review the RTO Exemption Form; verify the district board policy prohibiting the use of physical restraint, time out, and isolated time out/the district's evidence of enforcement; and any RTO submissions in the Student Information System. Districts will be notified via email of approval, disapproval, or need for additional evidence.

#### TO BE COMPLETED BY THE SCHOOL DISTRICT

NAME OF DISTRICT	DISTRICT TELEPHONE NUMBER (Include Area Code)
NAME OF DISTRICT SUPERINTENDENT	DISTRICT EMAIL
OPTIONAL DISTRICT CONTACT	OPTIONAL DISTRICT CONTACT EMAIL

- Within the previous three years, the school district has never engaged in the use of physical restraint, time-out, or isolated time out, **and**
- The school district has adopted a written policy that prohibits the use of physical restraint, time out, or isolated time out on a student; the policy is located here (provide the specific URL to the district board policy) or the district board policy is attached to the email, **and**
- The district is able to demonstrate enforcement of the policy as evidenced below:

\_\_\_\_\_  
*Digital or Original Signature of*  
District Superintendent or Designee

\_\_\_\_\_  
Printed Name of Signee

\_\_\_\_\_  
Date