



WELLNESS AND STUDENT CARE DEPARTMENT

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

OPTIONAL ENTITY CONTACT EMAIL

- ☐ Within the previous three years, the entity has never engaged in the use of physical restraint, time out, or isolated time out, **and**
- ☐ The entity 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 policy) or the policy is attached to the email, **and**
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- ☐ The entity is able to demonstrate enforcement of the policy as evidenced below:

Date _____