

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

RTO REDUCTION PLAN EXEMPTION FOR SPECIAL EDUCATION COOPERATIVES AND NON-PUBLIC SPECIAL EDUCATION FACILITIES

WELLNESS AND STUDENT CARE DEPARTMENT

In accordance with 105 ILCS 5/2-3.130 (f), an entity is exempt from the requirement to submit an RTO Reduction Plan and the annual reports under subsection (e) if the entity is able to demonstrate to the satisfaction of the State Board that (i) within the previous three years, the entity has never engaged in the use of physical restraint, time out, or isolated time out (RTO) **and** (ii) the entity has adopted a written policy that prohibits the use of physical restraint, time out, and isolated time out on a student **and** (iii) the entity 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 being reported within the facility or cooperative; (2) a complaint finding of an instance of physical restraint, isolated time out or time out within the facility or cooperative; 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. If an entity is in need of physical restraint, time out or isolated time out data, they may email rtoreductionplan@isbe.net.

Please provide the specific link (or attach a PDF) for the entity's 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 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, or need for additional evidence.

TO BE COMPLETED BY THE ENTITY	
NAME OF ENTITY	TELEPHONE NUMBER (Include Area Code)
NAME OF SUPERINTENDENT OR ADMINISTRATOR	EMAIL OF SUPERINTENDENT OR ADMINISTRATOR
OPTIONAL ENTITY CONTACT	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	
☐ The entity is able to demonstrate enforcement of the policy as evidenced below:	
Digital or Original Signature of P Superintendent/Administrator or Designee	rinted Name of Signee Date