This form must be completed by school personnel who restrain or isolate a student with a disability. T.C.A. §49-10-1304.

**STUDENT INFORMATION**

Name_________________________ Age_____ Disability_________________________

School________________________ Grade Level_______ Date________________________

Location in School Facility __________________________ Room Number or Area Where Isolation/Restraint Administered

Time Isolation/Restraint Began_________________ Time Isolation/Restraint Ended______________

Circle One Circle One

**PERSONNEL ADMINISTERING ISOLATION/RESTRAINT AND COMPLETING THIS REPORT**

Name_________________________ Name_________________________

Signature_______________________ Signature_____________________

Job Title_______________________ Job Title_______________________

Certified for Behavior Intervention Y N Circle One Certified for Behavior Intervention Y N Circle One

**OTHER PERSONNEL WHO OBSERVED/WITNESSED THE ISOLATION/RESTRAINT**

Name_________________________ Name_________________________

Job Title_______________________ Job Title_______________________

**PRINCIPAL NOTIFICATION ON DATE OF ISOLATION/RESTRAINT**

Name of Principal (or designee) Notified____________________ Time of Notification ________

**PARENT NOTIFICATION ON DATE OF ISOLATION/RESTRAINT**

Name of Parent_____________________ Time of Notification ________

Method of Notification_________________ Notified By____________________

In Person/Telephone/E-Mail/Fax Name and Job Title of Person Notifying Parent
ANTECEDENTS

Description of the antecedents that immediately preceded the use of isolation or restraint and the specific behavior being addressed:


STUDENT DEMEANOR

Describe the student’s observed physical and verbal behavior at the end of the isolation or restraint:


ISOLATION SPACE

At least forty (40) square feet  Y  N
Circle One

School personnel in continuous direct visual contact with student at all times  Y  N
Circle One

INJURIES/DEATHS

Physical Injury/Death to Student  Y  N
Circle One  Medical Care Provided  Y  N
Circle One

If yes to either or both, describe:


Physical Injury/Death to School Personnel  Y  N
Circle One  Medical Care Provided  Y  N
Circle One

If yes to either or both, describe:


PROPERTY DAMAGE

Property Damage  Y  N
Circle One

If yes, describe:


A COPY OF THIS FORM MUST BE PROVIDED TO THE DIRECTOR OF SPECIAL EDUCATION.

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