



**TENNESSEE DEPARTMENT OF EDUCATION  
REPORT OF ISOLATION / RESTRAINT**

**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                                      Medical Care Provided      Y    N  
  Circle One    Circle One

If yes to either or both, describe: \_\_\_\_\_

\_\_\_\_\_

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