

TENNESSEE DEPARTMENT OF EDUCATION  
REPORT OF ISOLATION / RESTRAINT

6.5001 Exhibit B  
Revised 6/18/2014  
S-SEF-41

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 Certified for Behavior Intervention Y N  
Circle One Circle One Circle One 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

