



Safe Relocation Incident Report Form

In Compliance with T.C.A. 49-6-2802

Date of Incident: _____ **Time of Incident:** _____

School: _____ **Location of Incident:** _____

Student's Full Name: _____ **Grade:** _____

Teacher's Name: _____

1. Description of Behavior. Please describe the behavior that led to the relocation (check all that apply and provide details):

- Physical aggression toward others (e.g., hitting, kicking, shoving)
- Threats of harm to self or others
- Destruction of property
- Verbal aggression (e.g., shouting, threats)
- Continuous refusal to comply with directives that posed a risk to safety
- Other (please specify): _____

Details of the behavior:

2. Interventions Attempted Before Relocation. Please indicate the de-escalation strategies or interventions attempted before the decision to relocate the student (check all that apply):

- Verbal redirection or warning
- Student conference or private conversation
- Change of seating or environment
- Offering a break or quiet time
- Use of de-escalation techniques
- Contacted behavior support or administrator
- Other (please specify): _____

3. Relocation Details

Who initiated the relocation?: _____

Who assisted in the relocation (if applicable)?: _____

Reason for relocation:

- Imminent risk of harm to self
- Imminent risk of harm to others
- Destruction of property
- Other (please specify): _____

Method of relocation (check all that apply):

- Verbal guidance (student complied) Physical escort (student resisted)
- Use of physical hold or intervention (if applicable, specify method): _____
- Other (please specify): _____

Location to which the student was relocated:

- Counselor's office
- School administrator's office
- Designated calming area
- Other (please specify): _____

Duration of relocation: _____

4. Parent/Guardian Notification

Was the parent/guardian notified? Yes No **Date and time of notification:** _____

Method of notification: Phone call Email In-person meeting Written notice

Name of person who notified parent/guardian: _____

5. Follow-Up Actions

Please indicate any follow-up actions recommended or implemented:

- Student conference to review behavior
- Parent/guardian meeting scheduled
- Referral for behavioral intervention plan (BIP)
- Referral for counseling services
- Additional disciplinary action (e.g., suspension)
- Student returned to class
- Behavior monitoring in place
- Other (please specify): _____

Follow-up details:

Staff and Administrator Signatures

Teacher/Staff Involved: _____ **Date:** _____

Administrator: _____ **Date:** _____

Additional Comments or Notes
