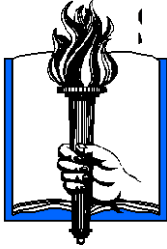


**MURFREESBORO CITY SCHOOLS
ADMINISTRATIVE DIRECTIVES**



Descriptor Term: Report of Isolation/Restraint of General Education Student	Descriptor No: AD STU36	Effective Date: 3/19
	Revised: 7/19	

- 1 In the event that isolation or restraint is required of a general education student, the following
- 2 form shall be filled out. Then, the form shall be placed in the student's behavior intervention file
- 3 by the school counselor. In addition, a copy shall be faxed to the Assistant Superintendent for
- 4 Federal and State Compliance and School Climate at central office.

REPORT OF ISOLATION/RESTRAINT

FOR GENERAL EDUCATION STUDENT

(Note: A State form must be completed if the child is in Special Education)

This form must be completed by school personnel who restrain or isolate a student.

STUDENT INFORMATION

Name _____ Age _____
 School _____ Grade Level _____
 Date _____
 Location in School Facility _____
 Room Number or Area Where Isolation/Restraint Administered _____
 Time Isolation/Restraint Began _____
 Time Isolation/Restraint Ended _____

PERSONNEL ADMINISTERING ISOLATION/RESTRAINT AND COMPLETING THIS REPORT

Name _____	Name _____
Signature _____	Signature _____
Job Title _____	Job Title _____
Certified for Behavior Intervention Yes _____ No _____	Certified for Behavior Intervention Yes _____ No _____

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 _____
 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

Observed physical and verbal behavior at the end of the isolation or restraint

INJURIES

Physical Injury to:

Student

Yes _____ No _____

Medical Care Provided

Yes _____ No _____

If yes to either or both, please describe:

Physical Injury to:

School Personnel

Yes _____ No _____

Medical Care Provided

Yes _____ No _____

If yes to either or both, please describe:

PROPERTY DAMAGE

Property Damage

Yes _____ No _____

If yes, describe:

*****This form should be placed in the student's behavior intervention file by the school counselor. A copy of this form should be faxed or emailed to Joe Marlin at Central Office.**

Black Fox Elementary - Bradley Academy - Cason Lane Academy - Discovery School - Erma Siegel Elementary

Hobgood Elementary - John Pittard Elementary - Mitchell-Neilson School - Northfield Elementary

Overall Creek Elementary - Reeves-Rogers Elementary -Salem Elementary - Scales Elementary

REPORT OF ISOLATION/RESTRAINT

FOR GENERAL EDUCATION STUDENT

****(Note: A State form must be completed if the child is in Special Education)

**** This form must be completed by school personnel who restrain or isolate a student.**

STUDENT INFORMATION

Name _____ Age _____
 School _____ Grade Level _____
 Date _____
 Location in School Facility please be specific _____
 Room Number or Area Where Isolation/Restraint Administered _____
 Time Isolation/Restraint Began _____
 Time Isolation/Restraint Ended _____

PERSONNEL ADMINISTERING ISOLATION/RESTRAINT AND COMPLETING THIS REPORT

Name This section MUST be completed and signed	Name Restraints normally involve more than
Signature _____	Signature one person
Job Title _____	Job Title _____
Certified for Behavior Intervention Circle one below	Certified for Behavior Intervention
Yes No	Yes No

OTHER PERSONNEL WHO OBSERVED/WITNESSED THE ISOLATION/RESTRAINT

Name **Include the names of staff who** _____ Name _____
 Job Title **witnessed the restraint/isolation** _____ Job Title _____

PRINCIPAL NOTIFICATION ON DATE OF ISOLATION/RESTRAINT

Name of Principal (or designee) Notified **This section MUST be completed** _____
 Time of Notification _____

PARENT NOTIFICATION ON DATE OF ISOLATION/RESTRAINT

Name of Parent **This section MUST be completed** _____
 Time of Notification _____ Method of Notification _____
 Notified By _____
 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:

Completely describe the events that led to the student behavior escalating to the point requiring the use of isolation or restraint. Use additional space if necessary.

STUDENT DEMEANOR

Completely describe the student's actions, words, behaviors that led to the decision to use physical restraint or isolation. Describe how you determined the student was in danger of hurting himself or others.

Observed physical and verbal behavior at the end of the isolation or restraint

Describe the student's behavior after restraint/isolation

INJURIES

Physical Injury to: This section **MUST** be completed.

Student Yes _____ No _____ Medical Care Provided Yes _____ No _____

If yes to either or both, please describe:

Physical Injury to: This section **MUST** be completed.

School Personnel Yes _____ No _____ Medical Care Provided Yes _____ No _____

If yes to either or both, please describe:

PROPERTY DAMAGE

Property Damage This section **MUST** be completed.

Yes _____ No _____

If yes, describe:

***This form should be placed in the student's behavior intervention file by the school counselor. A copy of this form should be faxed or emailed to ~~Kim Frank~~ ^{Joe Marlin} at Central Office.

