

Physical Restraint or Seclusion Room Use Incident Form

This form must be completed IN FULL and sent to the building administrator, the parents, and the Sevier County Department of Special Education (fax 453-3112) within 24 hours of each incident.

Student's Name _____ Age _____

Action being reported ___ Restraint ___ Seclusion

Current Behavior Plan in Place ___ Yes ___ No

Name and job titles of persons administering action _____

Witnesses _____

Informed Administrator / Designee _____

Time Informed _____

Date of Action _____

Beginning Time _____

Ending Time _____

Duration _____

Location _____

Description of antecedents that immediately preceded the use of restraint or seclusion and the specific behavior addressed. _____

Alternative methods used to de-escalate the situation prior to the use of restraint or seclusion _____

Description of how the restraint / seclusion ended, including physical or mental injuries, to the student, staff or both, and any medical care provided

School Nurse or Administrator involved in follow up process

Life Space Interview Conducted by _____

Suggestions for strategies to be used to avoid future need for restraint or seclusion

Name & job title of person who notified parent of action

Date and Time Parent Notified _____ / _____

Information regarding future opportunities for the student's parents to discuss with school officials the administration of this action _____

Signature of persons initiating restraint or seclusion

Date of Report

Signature of witness(es) of the action

Sevier County Department of Special Education
Dr. Sandy Enloe, Director
(865) 453-1036 or (865) 453-1037

Tennessee Voices for Children
(865) 609-2490

The Arc of Tennessee
(615)248-5878 or 1-800-835-7077

Support and Training for Exceptional Children (STEP)
(423) 639-0125 or 1-800-280-STEP

Disability Law & Advocacy Center
(615) 298-1080 or 1-800-342-1660