

**RESTRAINT AND SECLUSION  
DEBRIEFING FORM**

Student: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Date of Debriefing: \_\_\_\_\_

Present:

NAME	POSITION	SIGNATURE	TEACHER TRAINED IN DESCALATION

1. Give a brief description of the circumstances (antecedents) leading up to this incident.
2. Give a summary of the incident.
3. What was the intervention used?
4. What was the outcome?
5. From information gained, what changes (in any) should be made?
6. Has a support plan been initiated? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, who was contacted?
7. If applicable, how will the support plan affect any of the following:
  - Behavior intervention plan
  - 504 plan
  - Individual Education Plan (IEP)
  - Does the team need to reconvene? \_\_\_\_\_ YES \_\_\_\_\_ NO
8. Is this a repeated instance of restraint or seclusion, if so , a Functional Behavioral Assessment (FBA) shall be conducted. Has an FBA been initiated \_\_\_ Yes \_\_\_ No  
completed \_\_\_\_\_ Yes \_\_\_\_\_ No

Adopted: July 9, 2018  
Amended: July 11, 2022