

**RESTRAINT AND SECLUSION
DEBRIEFING FORM**

Student: _____ Date of Incident: _____

Date of Debriefing: _____

Present:

NAME	POSITION	SIGNATURE	TEACHER TRAINED IN DESCALATION

9. Give a brief description of the circumstances (antecedents) leading up to this incident.

10. Give a summary of the incident.

11. What was the intervention used?

12. What was the outcome?

13. From information gained, what changes (in any) should be made?

14. Has a support plan been initiated? _____ YES _____ NO

If yes, who was contacted?

15. 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

16. 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