

SECLUSION AND RESTRAINT
Debriefing Form

Student Name _____

Date of Incident _____

Date of Debriefing: _____

Present:

Name	Position	Signature	Has the staff completed restraint training?

1. Give a brief description of the circumstance (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 (if any) should be made?
6. Has a support plan been initiated? _____ Yes _____ No
7. If applicable, how will the support plan affect any of the following?
 - Behavior intervention plan (BIP)
 - 504 plan
 - Individualized Education Plan (IEP)

- Does the team need to reconvene?
If yes, name of person responsible for notifying the team: _____

BIP _____ Yes _____ Date _____ N/A

504 _____ Yes _____ Date _____ N/A

IEP _____ Yes _____ Date _____ N/A

8. Is this a repeated instance of restraint or seclusion? If so, a Functional Behavior Assessment (FBA) shall be conducted. Has an FBA been initiated? _____ Yes _____ No
Completed? _____ Yes _____ No

NOTE: Process for requesting additional help:

9. Additional comments (if any):

[July 2018]