**JGA-E(2)**

**RESTRAINT AND SECLUSION**

**DEBRIEFING FORM**

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

Present:

|  |  |  |  |
| --- | --- | --- | --- |
|  Name  | Position  | Signature  | Has the staff completed restraint training?  |
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|   |   |   |   |

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

1. Give a summary of the incident.

1. What was the intervention used?

1. What was the outcome?

1. From information gained, what changes (if any) should be made?

1. Has a support plan been initiated? \_\_\_Yes \_\_\_No If yes, who was contacted?

1. 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

1. 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

 Additional comments (if any)

**Adopted:**