**JGA-E(2)**

**RESTRAINT AND SECLUSION**

**DEBRIEFING FORM**

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

Present:

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| --- | --- | --- | --- |
| 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:**