

Dupree School District	NEPN Code: JGB-E(2)
Policy Manual	

Restraint and Seclusion Debriefing Form

Student: _____ Date of Incident: _____

Date of Debriefing: _____

Present:

Name	Position	Signature	Has the staff completed the restraint training?

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 (if 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 (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 Behavioral Assessment (FBA) shall be conducted.

Has an FBA been initiated? ___Yes ___No

Completed? ___Yes ___No

9. Additional comments (if any)