

RESTRAINT/SECLUSION DEBRIEFING FORM

Student: _____ Date of Incident: _____

Date of Debriefing: _____

Present:

Name	Position	Signature	Has the staff completed 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, an FBA shall be conducted
Has a Functional Behavioral Assessment (FBA) been initiated? ___Yes ___No

NOTE: Process for requesting additional help. Fill out a referral for behavior consultation located in your school office.

9. Additional comments (if any)