

RESTRAINT AND SECLUSION DEBRIEFING FORM

Learner Name _____ Date of Incident _____

Date of Debriefing: _____

Present:

Name	Position	Signature	Did this staff member complete 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

Notification: _____ 03/14/2022

1st Reading: _____ 04/11/2022

2nd Reading/Approval: _____ 05/09/2022