



STAFF DEBRIEFING MEETING

Date of Incident: _____ Date of Debriefing: _____

Student: _____ ID: _____ DOB: _____

School: _____ Grade: _____

Student was on an IEP: Yes No

Was IEP implemented correctly? Yes No

Was a BIP in place: Yes No

Was BIP implemented correctly? Yes No

Identify the antecedents, triggers and proactive interventions used prior to escalation:

Briefly describe the impact of these less restrictive interventions:

What behavior necessitated the use of a restrictive procedure?

Describe student and staff behavior during the incident:

What actions helped or didn't help?

Describe the procedure used to return the student to his/her routine activity:

Was the hold/seclusion the response to an emergency situation?

Yes No

Was the hold/seclusion the least restrictive intervention?

Yes No

Did the hold/seclusion end when the threat of harm ended?

Yes No

Is corrective action needed?

Yes No

Is the behavior likely to reoccur?

Yes No

Follow-up action to prevent the need for future use of restrictive procedures:

Behavior History:

Other restrictive procedures used in the last 4 weeks:

Yes No

Restrictive procedures used twice in a month:

Yes No

Does the team see this as a pattern?

Yes No

Does the child's IEP team need to meet?

Yes No

Staff Attending Debriefing (should include one individual not involved in the incident) **Circle Facilitator's Name**