**Model Restraint and Seclusion Debriefing Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Date of Incident: | | | | | | |  | | | | | | | | | | | Duration of Incident: | | | | | |  | |
|  |  | | | | | | | | |  | |  | | | |  | | | | | | |  | | | |
|  | Restraint | | | | | | | | |  | | Seclusion | | | | Date of Debriefing: | | | | | | |  | | | |
| Is there a behavior goal or behavior plan as part of an Individualized Education Program, Functional Behavioral Assessment, Behavior Intervention Plan or 504 plan? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | |  | No | | | If yes, how was it followed? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide a brief description of the circumstances (antecedents) leading up to this incident. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What less restrictive interventions were tried to deescalate the situation? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Give a summary of the incident. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was the student reintroduced back into the classroom? If so, what worked to calm the student? If not, what happened with the student? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Based on observations before, during and after student interventions, should changes to adult response to student or student planning documents be made? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do these changes impact any of the following? Note: If this is the third instance of restraint or seclusion in the school year, a meeting must be held within 10 school days to discuss if a Functional Behavioral Assessment or Behavior Intervention Plan needs to be created or reviewed. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Individualized Education Program | | | | | | | | | | | | | | |  | | | Functional Behavioral Assessment | | | | | | |
|  | | Behavior Intervention Plan | | | | | | | | | | | | | | |  | | | 504 Plan | | | | | | |
| If yes, name of person responsible for notifying the team: | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | Individualized Education Program | | | | | | | | Date: | |  | | | | | |  | | | | N/A | |
|  | | | | | Behavior Intervention Plan | | | | | | | | Date: | |  | | | | | | |  | | | N/A | |
|  | | | | | Functional Behavioral Assessment | | | | | | | | Date: | |  | | | | | | |  | | | N/A | |
|  | | | | | 504 Plan | | | | | | | | Date: | |  | | | | | | |  | | | N/A | |
| Additional comments (if any): | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The parent/guardian must be contacted on the day of the incident. Was the parent/guardian contacted on the day of the incident? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes | |  | | No | | | | | If no, why not? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were there any preexisting medical conditions to be considered before restraint/seclusion? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes |  | | | No | | If yes, list: | | | | | |  | | | | | | | | | | | | |
| If complaint of injury by student, describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |

Was a medical evaluation provided to student following restraint/seclusion?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No | If yes, attach a copy of the medical evaluation |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Position in restraint or seclusion or witness | Signature | Has the staff completed annual crisis intervention training? | | | |
|  |  |  |  | Y |  | N |
|  |  |  |  | Y |  | N |
|  |  |  |  | Y |  | N |
|  |  |  |  | Y |  | N |
|  |  |  |  | Y |  | N |
|  |  |  |  | Y |  | N |

**Notes for district personalization**

Include best practices following crisis intervention planning that may help the student process the event in the best way (seeing a counselor, talking to a teacher, writing in a journal, processing with sensory items).

Include process for requesting additional resources for both staff and families.

If your school/district has any additional training and certification requirements, please include those elements on the form.