

EMERGENCY SECLUSION EMERGENCY RESTRAINT

DEBRIEFING FORM

Student:	Building:	Date:
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Debriefing participants:

Reviewed the following:

- Written documentation of emergency intervention? ☐ YES ☐ NO Other:
- Individualized Education Plan (IEP)? ☐ YES ☐ NO ☐ N/A
- Behavior Intervention Plan (BIP)? ☐ YES ☐ NO ☐ N/A

Summary of debriefing with staff, including strategies/interventions that were effective:

Summary of debriefing with student and/or parent/guardian, including strategies/interventions that were effective:

What may be done differently in future to reduce the likelihood of problem behavior and need for seclusion and/or restraint?

Summary of data review: (prior emergency use of seclusion and/or restraint)

Based on review is there a pattern of behavior that could result in future emergency use of seclusion/restraint? ☐ YES ☐ NO

Next Steps/Action Plan: (e.g. conduct FBA, create/revise BIP and/or IEP, conduct medical consultation, teach/practice replacement behavior)

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Team Members: (key identified personnel *)	Signature:	Date:

Administrator signature: _____ Date: _____