

## INCIDENT DEBRIEFING MEETING FORM

A debriefing meeting consists of relevant staff, family, and others to thoroughly discuss an incident of restraint or seclusion. The purpose of the debriefing meeting is to improve future outcomes by reducing the likelihood of future problem behavior and the subsequent use of physical restraint or seclusion.

Schools must hold a debriefing meeting as soon as practicable but within five school days of the day, the report and letter are mailed or provided to the parent unless the parent asks for an extension of time or the parent and school agree to an alternate date and time.

Date of occurrence:

Student Name:

Date of meeting:	Time of meeting:	
Location of meeting:		
Names of individuals attending the debriefing meeting:	Required participants:	
	Employee who administered physical restraint or seclusion	
	Administrator or employee <u>not</u> involved in the incident	
	Administrator or employee who approved continuation of the physical restraint or seclusion	
	Other relevant personnel designated by the school	
	If indicated by student's behavior in the incident, an expert in behavioral/mental health or other discipline	
	Parent/guardian of the student (must be invited)	

		Student - wi	Student - with parent/guardian consent		
		Other:			
		ng (must include at leas heck those that apply o		:; and BIP,	
✓ Incident Report (REQUIRED)	Behavior Intervention Plan	Individualized Health Plan	Individualized Education Plan	504 Plan	
Other:					
dentification of patter	ns of behavior and r	proportionate response,	. if any. in the studer	nt and employees	
nvolved:	TIS OF Defiavior and p	oportionate response,	, ii ariy, iii tile studei		
ossible alternative res	sponses to the incide	ent/less restrictive mea	ns, if any:		
Additional resources	if any that could fac	cilitate those alternative	responses in the fu		
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	ollow up actions, if a	ny:		ture:	
	ollow up actions, if a	ny:		ture:	
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Plans for additional fo	ollow up actions, if a	ny:		ture:	
Plans for additional fo		ny: ed by the undersigned o	district employee. A v		
Plans for additional fo	viewed and complete		• •	vritten copy of this	
Plans for additional fo	viewed and complete e student's guardian	ed by the undersigned c	• •	vritten copy of this	

Date delivered to Parent/Guardian:	
Method of delivery to Parent/Guardian:	