Staff Debriefing Meeting

Student
Name: _____ DOB: _____ Grade: _____

School: _____ Date of Incident: _____ Date of Debriefing: _____ .

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:
Expanding Text Box

Briefly describe the impact of these less restrictive interventions:
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What behavior necessitated the use of a restrictive procedure?
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Describe student and staff behavior during the incident:
Expanding Text Box

What actions helped or didn't help?
Expanding Text Box

Describe the procedure used to return the student to his/her routine activity:
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Was the hold/seclusion the in 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:
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Behavior History:

Other restrictive procedures used in a 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**

_____   _____

_____   _____

_____   _____

SpEd Forms