

## Staff Debriefing Meeting

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of \_\_\_\_\_ Date of \_\_\_\_\_  
School: \_\_\_\_\_ Incident: \_\_\_\_\_ 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:  
[Expanding Text Box](#)

What behavior necessitated the use of a restrictive procedure?  
[Expanding Text Box](#)

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:  
[Expanding Text Box](#)

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:  
[Expanding Text Box](#)

### 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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_