

### Red Wing School District #256 Staff Debriefing Meeting

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Building: \_\_\_\_\_

Date of Debrief: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Student on an IEP: Yes \_\_\_ No \_\_\_ BIP in Place: Yes \_\_\_ No \_\_\_

Was IEP followed: Yes \_\_\_ No \_\_\_ Was BIP followed: Yes \_\_\_ No \_\_\_

If answered no, explain why:

Signatures of staff attending debrief (should include at least one person not involved in incident who has knowledge of behavior). Circle the Facilitator's signature:

Involved Staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify the antecedents, triggers and proactive interventions used prior to escalation. Briefly describe the impact of the less restrictive interventions. What behavior did the student exhibit to require a restrictive procedure? Was the intervention used to protect the child/others from injury or to prevent serious property damage? Describe student and staff behavior during the intervention.

What actions helped/what did not help?

Describe the procedure used to return the child to his/her routine activity, education setting, intervention, and/or site determined by the team, BIP and/or administrator.

Was the hold/seclusion an emergency? Yes \_\_\_ No \_\_\_

Was the hold/seclusion least intrusive? Yes \_\_\_ No \_\_\_

Did the hold/seclusion end when threat of harm ended? Yes \_\_\_ No \_\_\_

Is corrective action needed? Yes \_\_\_ No \_\_\_

Is the behavior likely to occur again? Yes \_\_\_ No \_\_\_

Follow-up action (to prevent need for future restrictive procedures):

Behavior History:

Other restrictive procedures used in the last 4 months? 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 \_\_\_

Place a copy of these forms in the Child's Due Process File.

Send copies to the case manager, building administrator, assistant director, & GCED Director.