## **Duluth Public Schools #709 Staff Debriefing Meeting Utilized with General Education Students** Student Name: DOB: Building: \_\_\_\_ Date of Debrief: Date of Incident: Student on an IEP: Yes \_\_\_\_\_ No \_\_\_\_ BIP in Place: Was IEP followed: Yes \_\_\_\_\_ No \_\_\_\_ Was BIP followed Was IEP followed: Yes \_\_\_\_ No \_\_\_\_ Appendix F 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: 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 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 an emergency? Yes \_\_ Was the hold least intrusive? No Yes Did the hold end when threat of harm ended? No Is corrective action needed? No Is the behavior likely to occur again? No Yes Follow-up action (to prevent need for future restrictive procedures): Behavior history: Other restrictive procedures used in the last 4 weeks? No Restrictive procedures used twice in a month? No Does the team see this as a pattern? No Does the child's IEP team need to meet? Yes No Place a copy of these forms in Student's Due Process File in Section 3. Send copies to: ☐ case manager ☐ Special Services Office ☐ building principal, ☐ other \_\_\_\_\_