

**SPEARFISH SCHOOL DISTRICT
RESTRAINT AND SECLUSION
DEBRIEFING FORM**

Student: _____ Date of Incident: _____

Date of Debriefing: _____

Present: _____

Name	Position	Signature	Has the staff completed restraint training?

1. Give a brief description of the circumstances (antecedents) leading up to this incident.

2. Give a summary of the incident.

3. What was the intervention used?

4. What was the outcome?

5. From information gained, what changes (if any) should be made?

6. Has a support plan been initiated? ___Yes ___No
 If yes, who was contacted?

7. If applicable, how will the support plan affect any of the following:
 - Behavior intervention plan (BIP)
 - 504 plan
 - Individualized Education plan (IEP)
 - Does the team need to reconvene?
 If yes, name of person responsible for notifying the team
 BIP ___Yes ___Date ___N/A
 504 ___Yes ___Date ___N/A
 IEP ___Yes ___Date ___N/A

8. Is this a repeated instance of restraint or seclusion, if so, a Functional Behavioral Assessment (FBA) shall be conducted. Has an FBA been initiated? Yes No / completed? Yes No

NOTE: Process for requesting additional help. (District should insert their specific process to direct teams in next steps for additional help)

9. Additional comments (if any)