

**EMERGENCY SECLUSION  
EMERGENCY RESTRAINT**

# DEBRIEFING FORM

<b>Student:</b>	<b>Building:</b>	<b>Date:</b>
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**Debriefing participants:**

**Reviewed the following:**

- **Written documentation of emergency intervention?**  YES  NO **Other:**
- **Individualized Education Plan (IEP)?**  YES  NO  N/A
- **Behavior Intervention Plan (BIP)?**  YES  NO  N/A

**Summary of debriefing with staff, including strategies/interventions that were effective:**

**Summary of debriefing with student and/or parent/guardian, including strategies/interventions that were effective:**

**What may be done differently in future to reduce the likelihood of problem behavior and need for seclusion and/or restraint?**

**Summary of data review:** *(prior emergency use of seclusion and/or restraint)*

**Based on review is there a pattern of behavior that could result in future emergency use of seclusion/restraint?**  YES  NO

**Next Steps/Action Plan:** *(e.g. conduct FBA, create/revise BIP and/or IEP, conduct medical consultation, teach/practice replacement behavior)*

- 1.
- 2.
- 3.

<b>Team Members:</b> <i>(key identified personnel *)</i>	<b>Signature:</b>	<b>Date:</b>

**Administrator signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_