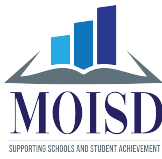


**EMERGENCY SECLUSION
EMERGENCY RESTRAINT**



DEBRIEFING FORM

Student:

Building:

Date:

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.

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

Administrator signature: _____ **Date:** _____