

Policy 502.14-E3

Documentation of Debriefing Meeting Regarding Use of Physical Restraint and/or Seclusion of Students

Student Name: _____ Building: _____

Date of Original Occurrence: _____

Date of Debriefing Meeting: _____ Time of Meeting: _____

Location of Debriefing Meeting: _____

Names of all attendees including titles and/or relation to student:

*(*Denotes a role required for attendance)*

Parent: _____

Student: _____

*Administrator: _____

*Administrator not involved in occurrence: _____

*Names of those who administered seclusion/restraint:

Behavior/Mental Health Expert: _____

Others in Attendance (Name and Title):

Documentation reviewed during the meeting: *(Check all that apply)*

____ Seclusion/Restraint Report ____ IEP ____ BIP ____ IHP

____ Safety Plan ____ Other *(Please specify below)*

Identification of patterns or behavior and proportionate response, if any, in the student and employees involved:

Possible alternative responses, if any, to the incident; or less restrictive means, if any:

Additional resources, if any, that could facilitate alternative responses in the future:

Plans for additional follow up actions, if any:

Name and Title of Employee Completing Form

Date

Date Delivered to Parent/Guardian _____

Method of Transmittal _____