

**Todd County School District Policy Exhibit: JGB – E(2)**

**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)

ADOPTED: May 31, 2018