



Special Services Department
415 1st Ave. N.W. - New Prague, MN 50671
Phone: 952-758-1768 Fax: 952-758-1769
www.npaschools.org

NEW PRAGUE AREA SCHOOLS

POSTVENTION INDIVIDUAL DEBRIEFING FORM

Individual form to fill out before debriefing as a team

Staff Name: _____ Date: _____

Student Involved: _____

Other staff present: _____

Please fill out this record to the best of your knowledge of the incident. This will help you during the group debriefing process. You may not have witnessed all of the incident or have all of the information and that is ok, please provide the information that you can contribute.

Brief timeline of the incident as you saw it.

1. Setting events (mood before incident, student characteristics, lack of meds, precipitating factors)

2. Perceived trigger(s). Are there any patterns you have noticed about triggers?

3. Staff interventions *prior* to physical hold (redirecting, removing others, warnings, choices, giving space, etc.)

4. Reaction of student to interventions.



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5. Perceived usefulness/appropriateness of the intervention.

6. Student actions that were determined to be harmful to self or others.

7. Was a physical hold used during this intervention? If yes, please describe.
(length of hold, persons involved, physical condition of student/staff throughout, location)

8. Duration/conclusion of crisis:

9. Ideas to improve next time or staff training necessary:

10. Please provide any information that wasn't included above.
