



## Post Use Debriefing Form

Student Name: <input style="width: 550px;" type="text"/>		DOB: <input style="width: 150px;" type="text"/>	
Date of Debrief: <input style="width: 250px;" type="text"/>		Date of Incident: <input style="width: 250px;" type="text"/>	
Was IEP followed: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why: <input style="width: 150px;" type="text"/>		Was BIP in place: <input type="checkbox"/> Yes <input type="checkbox"/> No Was BIP followed: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? <input style="width: 150px;" type="text"/>	
Signatures of staff attending debrief (should include at least one person not involved in the incident who has knowledge of the student's behavior). Check the facilitator's signature.			
<input style="width: 400px;" type="text"/>		<input style="width: 400px;" type="text"/>	
<input style="width: 400px;" type="text"/>		<input style="width: 400px;" type="text"/>	
<input style="width: 400px;" type="text"/>		<input style="width: 400px;" type="text"/>	
Identify the antecedents, triggers and proactive interventions used prior to escalation.			
Briefly describe the impact of the less restrictive interventions.			
What behavior did the student exhibit to require a restrictive procedure?			
Was the intervention used to protect student/others from injury?			
Describe student and staff behavior during the intervention.			
What actions helped/what did not help?			
Describe the procedure used to return the child to his/her routine activity, education setting, intervention, and/or site determined by the team, BIP and/or administrator.			
Was the hold/seclusion an emergency?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Was the hold/seclusion least intrusive?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Did the hold/seclusion end when the threat of harm ended?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is corrective action needed?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is the behavior likely to occur again?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Follow-up action (to prevent need for future restrictive procedures):			
Behavior history			
Restrictive procedures used twice in 30 days?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Does the team see a pattern?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
How many restrictive procedures have been used this school year?	<input style="width: 100px;" type="text"/>		
Does the student's IEP team need to meet?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Place a copy of this form in the student's Due Process File in Section 3.			
Send copies to: <input type="checkbox"/> IEP Manager <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Assistant Director/Principal <input type="checkbox"/> Other			

