Kent ISD
We Lead Learning

EMERGENCY SECLUSION
EMERGENCY RESTRAINT

DEBRIEFING FORM

Student:	Building:	Date:

Debriefing participants:

Reviewed the following:

- Written documentation of emergency intervention? YES NO
- Individualized Education Plan (IEP)? YES NO N/A
- Behavior Intervention Plan (BIP) ? YES NO N/A

Other:

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: *(key identified personnel *)*	Signature:	Date:

Administrator signature: _____ **Date:** _____