DEBRIEFING MEETING DOCUMENT

[The following individuals must attend the debriefing meeting: employees who administered physical restraint or seclusion; an administrator or employee not involved in the occurrence; the administrator or employee who approved continuation of the physical restraint or seclusion; other relevant personnel designated by the school; if indicated by student's behavior in occurrence, an expert in behavioral/mental health or other discipline. The following individuals must be invited to attend the debriefing meeting: the parent or guardian of the student, the student with guardian's consent.]

Student name:	Date of occurrence:	
Date of debriefing meeting:	Time of debriefing meeting:	
Location of debriefing meeting:		
Names of individuals attending the debriefing meeting (must include the employees involved and at least one employee who was not involved):		Job title of employee and/or relation to student:
Documentation reviewed during meeting (must include at least the occurrence report; and BIP, IHP, IEP and/or safety plan if applicable):		

Identification of patterns of behavior and proportionate response, if any, in the student and employees involved:
Possible alternative responses, if any, to the incident/less restrictive means, if any:
Additional resources, if any, that could facilitate those alternative responses in the future:

 	
Plans for additional follow up actions	s, if any:
This form has been reviewed and cor has been sent to the student's guardi	mpleted by the undersigned employee. A written copy of this form ian within three school days of the debriefing meeting.
Employee	Date of delivered to Parent/Guardian
Method of Transmittal	