

Restraint / Seclusion Debrief Report

Use this form to debrief incidents requiring the use of physical restraint or seclusion.
Must be completed within two days of each use of seclusion or restraint.

Student: _____ School: _____

Incident Date/Time of Day: _____

Date/time of debrief: _____

Debriefed By: (Name & Title)

1. _____ 2. _____ 3. _____

(USE BACK OF PAGE FOR ANY SUPPLEMENTAL INFORMATION REQUIRED)

Trigger, Challenging Behavior & De-escalation Strategies: See incident report

Questions for Debrief:

- 1. Could the trigger for the behavior have been avoided?*
- 2. What can we learn from how the student responded to the de-escalation strategies?*
- 3. Was the use of restraint/seclusion necessary to prevent imminent, serious physical harm to a person?*
- 4. Was there any part of the restraint/seclusion that could use improvement?*
- 5. How did the student react to the seclusion/restraint?*

6. Was the restraint/seclusion ended as soon as the student no longer posed a threat of imminent, serious, physical harm to the student or others?

Other:

Outcome: (patterns, lessons, plan for future?)

SUPPLEMENTAL INFORMATION CONTINUED FROM OTHER SIDE

