



**CHAPTER 103
DEBRIEFING MEETING DOCUMENT**

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| 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: |
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| Documentation reviewed during meeting (must include at least the occurrence report; and BIP, IHP, IEP and/or safety plan if applicable): | |
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| Identification of patterns of behavior and proportionate response, if any, in the student and employees involved: | |
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| Possible alternative responses, if any, to the incident/less restrictive means, if any: | |
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| Additional resources, if any, that could facilitate those alternative responses in the future: | |
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| Plans for additional follow up actions, if any: |
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This form has been reviewed and completed by the undersigned employee. A written copy of this form has been sent to the student's guardian within three school days of the debriefing meeting.

Employee

Date of delivered to Parent/Guardian

Method of Transmittal

NOTE TO ADMINISTRATOR

[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.]