Student Personnel 500 Series

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DEBRIEFING MEETING DOCUMENT

[The following individuals must attend the debriefing meeting: employees who administered physical restraint or seclusion; an administrator or employee <u>not</u> 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 include the employees involved and at least one employees not involved):		Job title of employee and/or relation to student:
Documentation reviewed during meeting (must includ and/or safety plan if applicable):	de at least the o	occurrence report; and BIP, IHP, IEP
Identification of patterns of behavior and proportiona involved:	te response, if	any, in the student and employees
Possible alternative responses, if any, to the incident/l	ess restrictive	means, if any:
Additional resources, if any, that could facilitate those	e alternative re	sponses in the future:

Plans for additional follow up actions, if any:	

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

Approved: 1/18/2021 Reviewed: 03/11/2024 Revised: