


Dell Rapids Public School District	
Students: JGC-(2)	

**RESTRAINT AND SECLUSION
DEBRIEFING FORM**

Student: _____ Date of Incident: _____

Time of Incident _____ Date of Debriefing: _____

Staff Present: _____

Name	Position	Signature	Has the staff completed restraint training?

1. Give a brief description of the circumstances (antecedents) leading up to this incident.

2. Give a summary of the incident (include location).

3. What was the intervention used?

4. What was the outcome?

5. From information gained, what changes (if any) should be made?

6. Additional comments (if any)

LEGAL REF: SB 46 (Chapter 99 School District Policy Limiting the Use of Restraint and Seclusion)

Adopted: June 27, 2018