



**Independent School District 192**  
**20655 Flagstaff Avenue**  
**Farmington MN 55024-1284**  
**Tel (651) 463-5020**

## Staff debriefing meeting: Physical holding

Date of incident:

Date of debriefing:

Student:

School:

Age:

Grade:

Birth date:

Directions: Following the use of a restrictive procedure, as soon as possible and in accordance with the district plan, the staff person who implemented or oversaw the physical holding or seclusion shall conduct a post-use debriefing. The debriefing must include at least one staff member who has knowledge of behaviors and was not involved in the incident. <https://www.revisor.mn.gov/statutes/2009/cite/125A.0942>

### At the time of the incident

Was student on an IEP?

☐ Yes ☐ No

Was IEP implemented correctly?

☐ Yes ☐ No

Was a BIP/PBSP/BSP in place?

☐ Yes ☐ No

Was BIP/PBSP/BSP implemented correctly?

☐ Yes ☐ No

### Description of incident

Identify the antecedents, triggers, and proactive interventions used prior to escalation

Briefly describe the impact of these less restrictive interventions

What behavior necessitated the use of a restrictive procedure?

Describe student and staff behavior during the incident

What actions helped or didn't help?

Describe the procedure used to return the student to their routine activity

Did an injury of staff occur?

☐ Yes ☐ No

Did an injury of student(s) occur?

☐ Yes ☐ No

If an injury occurred, describe the injury and the action taken after the injury, follow your district procedure regarding injury to student and staff (ex: work injury hotline, building nurse consulted, hospital visit, etc.)

Was the hold the response to an emergency situation?

☐ Yes ☐ No

Was the hold the least restrictive intervention?

☐ Yes ☐ No

Did the hold end when the threat of harm ended?

☐ Yes ☐ No

Is the behavior likely to reoccur?

☐ Yes ☐ No

Describe follow-up or corrective action needed to prevent the need for future use of restrictive procedures

### Behavior history

Were restrictive procedures used on 2 separate school days in 30 calendar days?

☐ Yes ☐ No

Does the team see this as a pattern?

☐ Yes ☐ No

Does the child's IEP team need to meet?

☐ Yes ☐ No

**Staff attending debriefing**  
(should include one individual not involved in the incident)  
Facilitator

Name		Title	





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## Use of Restrictive Procedures: Seclusion

Student: SSID: Date of incident:  
School: Age: Grade:  
Birth date: Gender:  
Federal setting:  
Primary disability:

A. Is the student Hispanic/Latino?

☐ Yes ☐ No

B. What is the student's race?

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

C. Federal race

### Staff involved

First name	Last name	Role in incident
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Person completing this form:

Name	Position	Phone
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**Seclusions** Was the school resource officer or a police officer involved in this restrictive procedure?

☐ Yes ☐ No

Explain

### Parent/guardian information

A school shall make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the child, or if the school is unable to provide same-day notice, notice is sent within two days by written or electronic means or as otherwise indicated by the child's parent.

Name:	Phone (home):
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Relationship to child:	Phone (work):
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Address:	Phone (cell):
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City/State/Zip:	Email:
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Name:	Phone (home):
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Relationship to child:	Phone (work):
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Address:	Phone (cell):
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City/State/Zip:	Email:
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Date

Time

Notified by

How notified