

SAN MATEO COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)

101 Twin Dolphin Drive · Redwood City, CA 94065 · (650) 802-5306 · selpa.smcoe.org

BER Debriefing Form A

Directions: This debrief form can be used by teams completing BER reports as a post-vention tool. This form will support teams in identifying the student's behavior across the phases of escalation, and the staff's response during each phase. The final section will promote reflection and considerations for adjustments to the student's behavior plan. This is a supplemental, not required, form.

Part 1. Escalation Phase

Describe Student Behavior:

(examples: physical changes - pacing, shaking, change in facial expression, repetitive motor movement; verbal changes - increased rate/volume of speech, questioning, refusal/protest, threatening)

Describe Staff Response / Interventions used:

(examples: proximity, redirection, change environment, change demands, give choices, visual support)

Part 2. Crisis Behavior

Describe Student Behavior:

(examples: physical aggression towards others, elopement, self-injury, property destruction)

Describe Staff Response / Interventions used:

(examples: clear area, increase distance, remove dangerous objects, blocking, call administration, transport)

Participating LEAs: Bayshore Elementary School District, Belmont-Redwood Shores School District, Brisbane School District, Burlingame School District, Cabrillo Unified School District, Connect Community Charter, Design Tech High School, Hillsborough City School District, Jefferson Elementary School District, Jefferson Union High School District, KIPP Esperanza, KIPP Excelencia, KIPP Valiant Community Charter, La Honda-Pescadero Unified School District, Las Lomas Elementary School District, Menlo Park City School District, Millbrae Elementary School District, Oxford Day Academy, Pacifica School District, Portola Valley Elementary School District, Ravenswood City School District, Redwood City Elementary School District, San Bruno Park School District, San Carlos Charter Learning, San Carlos School District, San Mateo County Office of Education, San Mateo-Foster City School District, San Mateo Union High School District, Sequoia Union High School District, South San Francisco Unified School District, Summit Preparatory Charter High School, Woodside Elementary School District

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Part 3. De-escalation Phase

Describe Student Behavior:

(examples: breathing slows, can respond to simple questions, can follow simple instructions)

Describe Staff Response / Interventions used:

(examples: breathing/mindfulness techniques, given space, discuss triggers/review incident)

Staff Reflection

*To be completed by all team members present during the incident.
Can be facilitated by a behavior specialist and/or case manager.*

What worked well during this incident?

What has worked before but was not successful this time?

Did the student respond in any new or unpredictable ways?

Are there any adjustments to consider making to our intervention techniques?

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BER Debriefing Form B

Directions: This debrief form can be used by teams completing BER reports as a post-vention tool. This form will support teams in identifying the student’s behavior across the phases of escalation, and the staff’s response during each phase. The final section will promote reflection and considerations for adjustments to the student’s behavior plan as well as identify potential items for follow-up. This is a supplemental, not required, form.

Student Information & Incident Description

Student Name:		Date of Incident:	
Time Incident Began:		Duration of Incident:	

Other Students Involved (initials only):	
Other Adults involved in incident:	
Link to Incident Report (if applicable)	(Insert link here)

Emergency Intervention(s) Used:

B. Team Members Present for Debriefing Meeting on _____ (date of debriefing)			
Name:	Position:	Name:	Position:
	Facilitator		
Staff Member Assigned to complete IR:			

C. Parent Notification Plan (parents should have been verbally notified day of incident)		
Name of parent(s)/ guardian(s) contacted:	Time of verbal contact:	Date of Written Contact:
	Date:	
	Team Member Responsible:	Team Member Responsible:

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D. Behavior(s) the student exhibited prior to incident:		
<input type="checkbox"/> Asking repetitive questions	<input type="checkbox"/> Head down/Hood on	<input type="checkbox"/> Cursing/Profanity
<input type="checkbox"/> Knocking objects off desk	<input type="checkbox"/> Out of seat/wandering	<input type="checkbox"/> Task Refusal / Shut down
<input type="checkbox"/> Yelling/calling out	<input type="checkbox"/> Tearing up/damaging assignment	
<input type="checkbox"/> Other:		

E. List Identified Triggers/Antecedent Conditions:
1.
2.
3.

F. Intervention(s)/effort(s) attempted to deescalate student:		
<input type="checkbox"/> Offered choices	<input type="checkbox"/> Verbal/visual redirection	<input type="checkbox"/> Proximity/body positioning
<input type="checkbox"/> Planned ignoring	<input type="checkbox"/> Reinforcement of approximate behaviors	<input type="checkbox"/> Reminder of reward system
<input type="checkbox"/> Offered a walk/break	<input type="checkbox"/> Other:	

G. What aggressive behavior(s) did the student exhibit <i>during</i> incident:		
<input type="checkbox"/> Hitting	<input type="checkbox"/> Kicking	<input type="checkbox"/> Spitting
<input type="checkbox"/> Biting	<input type="checkbox"/> Using object as weapon	<input type="checkbox"/> Cutting
<input type="checkbox"/> Pushing	<input type="checkbox"/> Other:	

H. Incident Analysis / Alternate Strategies:		
Plan Review:	<input type="checkbox"/> Behavior Plan Reviewed? <i>Link BIP here</i>	<input type="checkbox"/> Safety Plan Reviewed?

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What worked?	What did not work?	What would you do differently next time?

I. Facilitator Follow-Up:	
Any injuries sustained by...	
Staff:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what?:	
Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what?:	
Are there any psychological risk factors present that would require follow-up with a self-care debriefing for staff members?:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Tasks for Follow Up:	Individual Responsible	Estimated Time to Completion