

DEBRIEFING MEETING DOCUMENT

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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Documentation reviewed during meeting (must include at least the occurrence report; and BIP, IHP, IEP and/or safety plan if applicable): _____

Identification of patterns of behavior and proportionate response, if any, in the student and employees involved: _____

Possible alternative responses, if any, to the incident/less restrictive means, if any: _____

Additional resources, if any, that could facilitate those alternative responses 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 parent/guardian within three school days of the debriefing meeting.

Employee: _____

Date of form delivered to Parent/Guardian: _____

Method of Transmittal: _____

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 the parent's/guardian's consent.)

Legal Ref.: Iowa Code §§ 279.8; 280.21.
281 I.A.C. 103.

ADOPTED: 11/7/2024

Reviewed: