

Bourbon County Schools
Physical Restraint and Seclusion
Debriefing Session

Date of Debrief Session: _____ Date of Physical Restraint/Seclusion: _____
Date of Request for Debrief: _____

PARTICIPANTS

Name(s) of the implementer of the physical restraint or seclusion:

At least two (2) other school personnel who were in the proximity of the student immediately before or during the physical restraint or seclusion: _____

The parent of an unemancipated student: _____

The student, if the parent requests the student participate, or if the student is an emancipated youth: _____

Names of appropriate supervisory and administrative school personnel, which may include appropriate ARC members, Section 504 team members, or RTI team members: _____

Other, specify: _____

DISCUSSION

Describe the events leading up to the physical restraint or seclusion.

Review of relevant information in the student’s records and information from teachers, parents, other school district professionals, and the student.

Plan to reduce/prevent the need to use physical restraint and seclusion, with consideration of recommended appropriate positive behavioral supports and interventions to assist school personnel responsible for implementing the student's IEP, or Section 504 Plan, or RTI plan, if applicable, and consideration of whether positive behavior supports and interventions were implemented with fidelity.

Complete the following section only if student is **not** identified for services under either Section 504 or Individuals with Disabilities Education Act.

Describe documentation of consideration of a referral under either law or basis for **not** deciding to refer the student.

NOTE: All documentation utilized in the debriefing session shall become part of the student's educational record.

Employee Completing Report

Date