**Follow-up Staff Debriefing Following a Critical Violent Incident**

**Date of Follow-up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | **N/A** |
| **1** | **Participants** |  |  |  |
| 1.1 | All staff involved in initial incident |  |  |  |
| 1.2 | 3rd Party Facilitator (if available/wanted) |  |  |  |
| 1.3 | Central Staff requested |  |  |  |
| 1.4 | Community Professional(s) |  |  |  |
| 1.5 | Parent(s) of student(s) involved |  |  |  |
| **2** | **Agenda Items** |  |  |  |
| 2.1 | Review of what worked & what didn’t |  |  |  |
| 2.2 | Consideration of possible triggers |  |  |  |
| 2.3 | Possible Prevention interventions identified |  |  |  |
| 2.4 | Modifications needed to IEP/Beh Mgmt Plan |  |  |  |
| 2.5 | Additional staff in-service needed |  |  |  |
| 2.6 | New/further assessment needed |  |  |  |
| 2.7 | Develop a **(OR)** Modify the Safety Plan |  |  |  |
| 2.8 | Possible de-escalation strategies identified |  |  |  |
| 2.9 | New or additional safety equipment identified |  |  |  |
| 2.10 | Training needs specific to incident identified |  |  |  |
| 2.11 | Additional staff support needs identified |  |  |  |
| **3** | **Follow-up Debriefing Outcomes** |  |  |  |
| 3.1 | Action items from section 2 above noted |  |  |  |
| 3.2 | Action items responsibilities identified |  |  |  |
| 3.3 | Date(s) for follow-up & review set |  |  |  |
| 3.4 | Follow-up communication with parents |  |  |  |
| 3.5 | Follow-up communication school staff |  |  |  |
| 3.6 | Follow-up communication with central staff |  |  |  |