

FORM 17-6

K. ERIK SWANSON
Superintendent of Education

**DEPARTMENT OF EDUCATION
OFFICE OF THE ADMINISTRATOR
STUDENT SUPPORT SERVICES DIVISION**

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CHRISTOPHER J. ANDERSON
Administrator, Student Support Services

CRITICAL INCIDENT DEBRIEFING REPORT

FORM TO BE COMPLETED BY: CISD Facilitator(s) the Day of CISD

Name Of Facilitator: _____

Date:

School: _____

Time Started: _____ **Time Completed:** _____

Location	
Number of individuals debriefed	
CIRT Co-Facilitator) – name and title	
Recommendations	<ol style="list-style-type: none">1.2.3.4.5.6.