

**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:** \_\_\_\_\_

<b>Location</b>	
<b>Number of individuals debriefed</b>	
<b>CIRT Co-Facilitator) – name and title</b>	
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li><li>4.</li><li>5.</li><li>6.</li></ol>