

FORM 17-7

CRITICAL INCIDENT AFTER-ACTION REVIEW

FORM TO BE COMPLETED BY: School Administrator or Designee NLT 48 Hours

Name: _____ **Date:** _____

School: _____

- **Incident:**

- **Identify your role in responding to this incident.**

- **What aspects of the response went well and should be replicated in the future?**

- **What may have not worked? What can be improved?**

- **Did the protocols in Chapter 17: Critical Incident Stress Debriefing impede the response and delivery of services?**

- **Recommendations:**