GAAF – ESI DOCUMENTATION FORM

Emergency Safety Intervention Documentation

Date:			
Dear:			
The purpose of this letter is to inform you t	hat on	, at	(a.m./p.m.)
the need for the use of an Emergency Safet)
(name of student)			
K.A.R. 91-42-1 through 92-42-7 provide the defined to include the use of seclusion or pescort. Whenever an ESI is used, the pare happens. This notice requirement is deem contact to reach the parent or guardian. If following shall be provided to the parent of	physical restraint but no ent(s)/guardian(s) must ed satisfied if the school By the day following the	t the use of time-out of be informed of the use attempts at least two n	physical the day it nethods of
Type of ESI used: Seclusion Restrai Location:	nt Duration of sec	elusion/restraint:	(minutes)
Name of staff member(s) who participated	in or supervised the ESI:		
Did the student have an Individualized Edu Intervention Plan at the time of the incident			
Description of events leading up to the inci	dent:		

Student behaviors necessitating the ESI:
Steps taken to transition the student back into the educational setting:
Parents or guardians of the above-named student are invited and strongly encouraged to schedule a meeting to discuss the ESI and how to prevent future ESI use. Please contact the following staff member at the email address and/or phone number listed below to schedule such a meeting or if you have any questions regarding this use of ESI.
(Staff Member Name)
(Staff Member Email Address)
(Staff Member Phone Number)
(Signature of person completing report) (Date)
*Parent(s)/guardian(s) notified of this incident on by
Please feel free to provide feedback or comments concerning this ESI use below and email or deliver them to the staff member specified above.
*Original provided to Building Principal *Copy provided to (Parents/Guardians, Administrative Office)