GAAF ESI DOCUMENTATION FORM

EMERGENCY SAFETY INTERVENTION DOCUMENTATION

Date:			
Dear:			
The purpose of this letter is to inform you that the need for the use of an Emergency Safety In	on(date) tervention was	, at required for	(time) (name of student)
K.A.R. 91-42-1(c) through 92. Interventions (hereafter "ESI") is physical restraint but not the use ESI is used, the parent(s)/guardic happens. This notice requiremen least two methods of contact to following the ESI use, written not the parent or guardian.	2-42-7 provi c defined to in of time-out o un(s) must be t is deemed so reach the pa	des that En nclude "the us or physical esco informed of th utisfied if the so rent or guardi	nergency Safety e of seclusion or ort. Whenever an the use the day it chool attempts at an. By the day
Type of ESI Restraint used: Seclusion	Restraint		
Duration of seclusion/restraint: (mir	utes) Loca	tion:	
Name of staff member(s) who participated in o	r supervised the	e ESI:	
Witnesses:	on Program ("I		4 Plan, or a Behavior
Description of events leading up to the inciden	t:		
Student Behaviors necessitating the ESI:			
Steps taken to transition the student back into t	he educational	setting:	

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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.

(Signature of person completing report)	(Date)		
earent(s)/guardian(s) notified of this incident on	(Date)	by(Name of staff member)	
ease feel free to provide feedback or comments concerning ecified above.	this ESI use below and ema	ail or deliver them to the staff member	

^{*}Original provided to Building Principal

^{*}Copy provided to (Parents/Guardians, Administrative Office)