## **GAAF – ESI DOCUMENTATION FORM**

## **Emergency Safety Intervention Documentation**

Date:				
Dear:				
The purpose of this letter is to inform you th	at on	(date)	at	(a.m./p.m.)
the need for the use of an Emergency Safety			,	
(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 deeme contact to reach the parent or guardian. Be following shall be provided to the parent or	hysical restrain nt(s)/guardian(s d satisfied if the y the day follow	t but not the use of ) must be informed school attempts at	time-out or p d of the use th t least two me	physical se day it thods of
Type of ESI used: Seclusion Restrain Location:	t Duratio	n of seclusion/restr	aint:	_ (minutes)
Name of staff member(s) who participated i	n or supervised	he ESI:		
Did the student have an Individualized Educ Intervention Plan at the time of the incident				
Description of events leading up to the incid	lent:			

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 membe 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

<sup>\*</sup>Copy provided to Building Principal
\*Copy provided to (Parents/Guardians, Administrative Office)