EMERGENCY SAFETY INTERVENTION DOCUMENTATION

Date: _____

Dear: _____

The purpose of this letter is to inform you that on _____, at _____ (a.m./p.m.)
(date) (time)
the need for the use of an Emergency Safety Intervention was required for _____.
(name of student)

K.A.R. 91-42-1(c) defines Emergency Safety Interventions (ESI) as "the use of seclusion or physical restraint when a student presents an immediate danger to self or others. Violent action that is destructive of property may necessitate the use of an ESI." Whenever an ESI is used, the parent(s)/guardian(s) must be informed within (2) school days.

Type of Emergency Safety Intervention Used: Seclusion _____ Restraint_____

Duration of Seclusion/Restraint: _____ (minutes) Location: _____

Name of Staff Member: _____Witnesses: _____

_____

Description of Incident:

_____

_____

_____

_____

Please contact the building principal if you have any questions regarding this use of ESI.

_____ _____
(Signature of person completing report) (Date)

*Parent(s)/guardian(s) notified of this incident on _____ by _____.
(Date) (Name of staff member)

*Original provided to Building Principal

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