## GAAF – ESI DOCUMENTATION FORM

## 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)		*	
(name of student)			
defined to include the use of seclusion or physical restrescort. Whenever an ESI is used, the parent(s)/guardia happens. This notice requirement is deemed satisfied if contact to reach the parent or guardian. By the day fol following shall be provided to the parent or guardian.	in(s) must be infor the school attemp	rmed of the ts at least t	use the day it wo methods of
Type of ESI used: Seclusion Restraint Duration:  Name of staff member(s) who participated in or supervise		restraint:	(minutes)
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		<del></del>	· · · · · · · · · · · · · · · · · · ·
Did the student have an Individualized Education Progra Intervention Plan at the time of the incident?	ım ("IEP"), Section	1504 Plan,	or a Behavior
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Description of events leading up to the incident:	· ·		
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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)  *Parent(s)/guardian(s) notified of this incident onby
*Pareni(s)/guardian(s) normed of this moldent on
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)