ESI Documentation Form

Student's	Name:			Student's I	Student's KIDS Student ID:	
Did the st	udent have	an IEP at th	e time of th	e incident?	Yes No	
Did the student have a 504 plan at the time of the incident?					Yes No	
Did the student have a behavior intervention plan at the time of the incident?					nt? Yes No	
*Note: Enter seclusion and restraint as separate incidents, even if both occurred from one behavioral issue. For example if a student is restrained during an incident and then secluded, enter restraint as one line item and seclusion as another.						
Date	Time ESI	Time ESI	Total	Type of ESI	Staff Involved	
	Started	Ended	Minutes	(seclusion or restraint)		
	otantou.	2	of ESI	(section of restraint)		