GAAF ESI DOCUMENTATION FORM

EMERGENCY SAFETY INTERVENTION DOCUMENTATION

Date:			
Dear:			
The purpose of this letter is to inform you that on	(data)	, at (a.m./p.	.m.)
the need for the use of an Emergency Safety Intervention			
K.A.R. 91-42-1(c) defines Emergency Say seclusion or physical restraint when a stu self or others. Violent action that is destu use of an ESI." Whenever an ESI is us informed within (2) school days.	ident presents a ructive of prope	n immediate danger to rty may necessitate the	
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 qu	uestions regarding	this use of FSI	
r lease contact the bunding principal if you have any q	uestions regarding	uns use of Est.	
(Signature of person completing report)	(Da	te)	
*Parent(s)/guardian(s) notified of this incident on	(Date)	by(Name of staff member)	
*Original provided to Building Principal *Copy provided to (Parents/Guardians, Administrative Offic	ce)		

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