

Emergency Safety Intervention Documentation Form

Student's Name: _____

At the time of the incident, did the student have:

An IEP Yes No

Student's KIDS ID Number: _____

A 504 Plan Yes No

Date of incident: _____

A behavior intervention plan 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.

Line #	Time ESI Started	Time ESI Ended	Total Minutes	Type of ESI (seclusion or restraint)	Staff Involved	(A)-(C) filled out?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

1 Revised July 2016

For the following documentation, you may group incidents that occur on the same day if the triggering issue necessitating the emergency safety interventions is the same. You must provide the following information for each incident listed on the previous page, either on its own or grouped with other incidents. Please use as many copies of this page as needed to document each incident listed.

Incident Line Number(s): _____

(A) Describe the events leading up to the incident.

(B) Describe the student behaviors that necessitated the emergency safety intervention.

(C) Describe the steps taken to transition the student back into the educational setting.

Incident Line Number(s): _____

(B) Describe the student behaviors that necessitated the emergency safety intervention.

2 Revised July 2016

(C) Describe the steps taken to transition the student back into the educational setting.

3 Revised July 2016