



Emergency Safety Intervention Documentation Form

Student's Name: _____

Student's KIDS ID Number: _____

Date of incident: _____

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

An IEP Yes No

A 504 Plan Yes No

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						

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.

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

Incident Line Number(s): _____

(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.

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