

**McPherson USD 418**  
**EMERGENCY SAFETY INTERVENTION DOCUMENTATION**

Student's Name: \_\_\_\_\_ Student's Grade Level: \_\_\_\_\_

Date an ESI Used: \_\_\_\_\_ Beginning and Ending Times an ESI used: \_\_\_\_\_

Type of ESI Used: Seclusion \_\_\_\_\_ Restraint \_\_\_\_\_

Duration of Seclusion/Restraint: \_\_\_\_\_ (minutes) Location of Incident: \_\_\_\_\_

Name of Staff Member(s) Who Participated in or Supervised the ESI \_\_\_\_\_

Witnesses to Incident: \_\_\_\_\_

**Description of Incident:** (Please include a clear explanation of the immediate danger to the student or others. Details must include, but may not be limited to: 1) the events leading up to the incident, 2) de-escalation techniques used prior to the use of the ESI, 3) student behaviors necessitating the ESI, and 4) steps taken to transition the student back into the educational setting. *Additional space, if needed, is provided on the back of this page.*

**Parent Feedback:**

As a parent of this child, we value your input as we recognize you as the most important person in your child's life. We want your feedback and hope we can work as a team to provide a positive educational experience for your child.

The space below is provided for the parents to provide feedback or comments to the school regarding the incident.

*Additional space, if needed, is provided on the back of this page.*

**Additional space for documentation of the incident by the school.**

**Additional space for parent feedback and input.**

We would like to have a face-to-face meeting with you, as the parent of this child, to help prevent future use of an emergency safety intervention. Please call the school office at your earliest convenience to schedule a meeting with the building principal, counselor and any other appropriate staff member(s). Contact information is listed below:

**Contact Name:**  
**Contact Phone Number:**  
**Contact Email Address:**

Parent(s)/guardian(s) notified in writing of this incident on \_\_\_\_\_ by \_\_\_\_\_.

(Date)

(Printed name of staff member)

\_\_\_\_\_  
(Name of person completing report) (Date)

Hard copies of this report should be filed in the **student's cumulative folder**, in the seclusion/restraint documentation file in the **principal's office** and provided to the **ESI Coordinator, Melissa Strathman** at the USD 418 Central Office.