



2010 N. 59th Street, Kansas City, KS 66104
(913) 551-3200 FAX: (913) 551-3217

WWW.KCKPS.ORG

Parent Notice of Emergency Safety Intervention

Date: _____

Dear Parent or Guardian of _____:

We are writing to inform you that an emergency safety intervention has been used with your child due to behavior that presented a reasonable and immediate danger of physical harm to your child or others. An emergency safety intervention is the use of seclusion or physical restraint. Details of the incident regarding your child are included in the form attached to this letter.

If this is the first time an emergency safety intervention has been used on your child this school year, also attached are printed copies of the standards for when emergency safety intervention may be used, a flyer on your rights under emergency safety intervention law, information on your right to file a complaint with the local board of education through the local dispute resolution process, information on your right to request administrative review from the Kansas State Board of Education, and information to assist you in navigating these processes.

If this is a subsequent incident this school year, then the information is not attached, and you are encouraged to access the information at the website link for local emergency safety intervention resources below.

Please use the form on the following page to provide feedback or comments to the school regarding the incident. You may submit the form to me at any time by delivering it to the school or emailing it to me. We invite and strongly encourage you to schedule a meeting to discuss the incident and how to prevent future use of emergency safety interventions. Please use my email or phone number listed below to schedule an emergency safety intervention meeting.

Local Emergency Safety Intervention Resources: <http://www.kckps.org/index.php/emergency-safety-interventions>

State Emergency Safety Intervention Resources: www.ksdetasn.org

Sincerely,

Principal

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						

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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