Recommended Action: Approve and Add NEW form to address ESI

This form will document that parents have had access to the ESI policy each year per the annual provision of policies requirement in the regulations.

Date:	RVENTION DOCUM	ENTATION	
Dear:			
The purpose of this letter is to inform you that on _	(date)	, at	(a.m./p.m.)
the need for the use of an Emergency Safety Interve			,
K.A.R. 91-42-1(c) defines Emergency S seclusion or physical restraint when a stu others. Violent action that is destructive ESI." Whenever an ESI is used, the parent school days.	dent presents an imme of property may ne	(ESI) as "th ediate danger cessitate the i	to self or use of an
Type of Emergency Safety Intervention Used: Duration of Seclusion/Restraint: (minute: Name of Staff Member:	s) Location:		
Description of Incident:			
Please contact the building principal if you have any	y questions regarding	this use of ESI	
*Parent(s)/guardian(s) notified of this incident on	(Date	e) Oy(Name or	
*Original provided to Building Principal	(Date)	(Name of	t statt member)

^{*}Copy provided to (Parents/Guardians, Administrative Office)

ESI Acknowledgement Form

Kansas regulations now require that we provide all parents with notice of our written policies regarding Emergency Safety Interventions ("ESI"). Our district policy is available on our website at [insert website address] and in our [insert whichever one of the following is applicable: our school safety plan, our school code of conduct, or the student handbook]. In addition, we will provide a copy of the policy at any time upon request.

	Please select one of the following options:
	I have been informed of the district's policy, and I do <u>not</u> want a copy of the policy.
	I have been informed of the district's policy, and I do want a copy of the policy. By my signature below, I acknowledge that I have received a copy of the policy.
DATE	PARENT SIGNATURE