

Emergency Safety Intervention Log

| General Information | Physical Restraint | Seclusion | Antecedent | Emergent Behavior | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|--|--|--|--------------|--|------------|--|---------------|--|--|--|------------------------|--|--|---|
| <p>Student Name: _____</p> <p>Teacher Name: _____</p> <p>School: _____</p> <p>Date: _____</p> <p>Time: _____</p> <p>Location: _____</p> <p>Staff Involved: _____</p> <p>Is the student receiving SpEd services?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Does the student have a current FBA/BIP?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Number of restraints used</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Start Time</th> <th>Duration</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Time of LEA notification <small>(not to exceed 15 minutes after the beginning of ESI)</small></td> <td style="width: 50%;"></td> </tr> </table> <p>Restraint(s) used:</p> <p><input type="checkbox"/> ASPEN</p> <p><input type="checkbox"/> Mandt</p> <p><input type="checkbox"/> Other: _____</p> <p>Parent Email sent within 15 minutes of restraint start</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | # | Start Time | Duration | 1 | | | 2 | | | 3 | | | 4 | | | 5 | | | Time of LEA notification <small>(not to exceed 15 minutes after the beginning of ESI)</small> | | <p>One Seclusion/Duration (If more than one seclusion occurs, complete separate form for each)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Time Started</td><td></td></tr> <tr><td>Time Ended</td><td></td></tr> <tr><td>Total Minutes</td><td></td></tr> <tr><td>Time of LEA Notification <small>(not to exceed 15 minutes after the beginning of ESI)</small></td><td></td></tr> <tr><td>Location of Seclusion:</td><td></td></tr> </table> <p>Parent Email sent within 15 minutes of seclusion start</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | Time Started | | Time Ended | | Total Minutes | | Time of LEA Notification <small>(not to exceed 15 minutes after the beginning of ESI)</small> | | Location of Seclusion: | | <p><input type="checkbox"/> Activity too long, easy, short, etc.</p> <p><input type="checkbox"/> Preferred activity ended</p> <p><input type="checkbox"/> Non-preferred activity</p> <p><input type="checkbox"/> Attention</p> <p><input type="checkbox"/> Reinforcement delivered</p> <p><input type="checkbox"/> Consequence imposed</p> <p><input type="checkbox"/> Item taken away</p> <p><input type="checkbox"/> Negative peer interaction</p> <p><input type="checkbox"/> Other - Describe Antecedent: _____</p> <p>_____</p> <p>_____</p> | <p><input type="checkbox"/> Ongoing Aggression:</p> <p><input type="checkbox"/> Hitting</p> <p><input type="checkbox"/> Kicking</p> <p><input type="checkbox"/> Biting</p> <p><input type="checkbox"/> Head Butting</p> <p><input type="checkbox"/> Hair Pulling</p> <p><input type="checkbox"/> Scratching</p> <p><input type="checkbox"/> Off campus*</p> <p><input type="checkbox"/> Climbing*</p> <p><input type="checkbox"/> Self-Injurious Behavior*</p> <p><input type="checkbox"/> Other - Describe Behavior*: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>*Identify Immediate Danger:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Injury</p> <p><input type="checkbox"/> Staff: _____</p> <p><input type="checkbox"/> Peer: _____</p> <p><input type="checkbox"/> Student</p> |
| # | Start Time | Duration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time of LEA notification <small>(not to exceed 15 minutes after the beginning of ESI)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Started | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Ended | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Minutes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time of LEA Notification <small>(not to exceed 15 minutes after the beginning of ESI)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Seclusion: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Restraint and/or Seclusion | Seclusion (15 minutes or more) | Alternative Strategies & Preventative Steps | | Signatures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Must be contacted via email immediately (not to exceed 15 minutes after the beginning of ESI)</p> <p>This email informs Guardian of use of ESI and rights to request documentation (see template).</p> <p>Guardian Notification Email (Required)</p> <p>Time: _____</p> <p>Additional Contact Method (Optional)</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> In-Person</p> | <p>In addition to the notification email already sent, Guardian must ALSO be notified via phone or in-person when seclusion reaches 15 minutes:</p> <p>Guardian Notification (Required)</p> <p>Time: _____</p> <p>Method:</p> <p><input type="checkbox"/> Phone*</p> <p><input type="checkbox"/> In-Person*</p> | <p>Alternative Strategies Attempted:</p> <p>Steps to be taken to help prevent this from occurring again:</p> | | <p>LEA Signature: _____</p> <p>Primary Staff Signature: _____</p> <p style="text-align: right;"><i>Form updated: November 2025</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

☐ Form Submitted Digitally

☐ Form Placed in Student File

☐ Copy of form and parent email sent to jbat@jordandistrict.org

☐ If requested, copy of form sent to guardian