Emergency Intervention Plan

Parent Review

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| Student: Click here to enter text. | EIP Date: Click here to enter text. |
| District/School: Click here to enter text. |
| School District Representative: Click here to enter text. |

1. I was provided with a detailed explanation of the positive behavioral intervention and support strategies that will be utilized with my child.

Click here to enter text.

1. I was provided with an explanation of what constitutes an emergency situation as defined in the Michigan School Code.

Click here to enter text.

1. I was provided a detailed explanation of the intervention procedures to be followed in my child’s emergency intervention plan.

Click here to enter text.

1. I was provided a detailed explanation of the legal limits on the use of emergency seclusion and restraint.

Click here to enter text.

1. I was informed about possible discomforts or risks that could result from this intervention plan.

Click here to enter text.

1. Any questions I had were fully answered.

Click here to enter text.

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| Signature: Click here to enter text. (PARENT/GUARDIAN) | Date: Click here to enter text. |
| Signature: Click here to enter text. (PARENT/GUARDIAN) | Date: Click here to enter text. |