Emergency Intervention Plan

Parent Review

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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. |