

(Insert School Logo)

### STUDENT CRISIS PLAN

An action plan that is needed for times when a student may be at risk of harm to self or others.

<b>Student Name:</b>	<b>D.O.B:</b>	<b>School:</b>	<b>Grade:</b>
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Contact Information		
<b>Parent/Guardian:</b>		
<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>Other Phone:</b>
<b>Emergency Contact:</b>	<b>Phone:</b>	

Places Student May Be If Missing During School Hours	
<b>On School Grounds:</b>	
<b>Off School Grounds:</b>	

Medical Information	
<b>Physician:</b>	<b>Phone:</b>
<b>Diagnosis:</b>	
<b>Medications:</b>	
<b>Allergies/Special Considerations:</b>	

Define/Describe Specific Unsafe Behaviors (Measurable and Observable)

## CRISIS RESPONSE PLAN

<b>Specific Procedures to Follow:</b>	<b>Who Will Do What? Back-up Staff Provided</b>
<b>Staff Responsibility</b>	<b>Student Responsibility</b>
<b>Reporting Procedure:</b>	<b>Specify Data Collection</b>

<b>What will staff and family do to lessen the likelihood of unsafe behavior (i.e., supervision, transition planning, transportation, searches, etc.)?</b>	<b>Who/Back-up Person?</b>
<b>How will plan be monitored?</b>	<b>Who/Back-up Person?</b>
<b>How will decisions be made to terminate plan?</b>	<b>Who/Back-up Person?</b>

**Current Agencies or Outside Professionals Involved**

Name	Agency	Phone
1.		
2.		
3.		
4.		

**Student Safety Team Members**

Name/Signature	Title	Initial Date	Review Date	Review Date	Review Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					