**INDIVIDUAL CRISIS MANAGEMENT PLAN**

**Confidential Student Information**

**Building Contact:**

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| **Student Information** | | | |
| **Student Name**: | **School**: | **Original Creation Date**: | |
| **Date of Birth**: | | **Updated:** | |
|  | | | |
| **Safety Concerns (i.e., medical and diagnoses)** | | | |
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|  | | | |
| **Current Issues- Potential Triggers (personal/family/social, etc.)** | | | |
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| **High Risk Behaviors** | | | |
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| **Strategies to AVOID with Student** | | | |
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|  | | | |
| **INTERVENTION STRATEGIES** | | | |
| **Pre-Crisis/ Baseline** | | | |
| Student Looks Like: | | | Strategies For Staff: |
| **Triggering/ Agitation** | | | |
| Student Looks Like: | | | Strategies For Staff: |
| **Escalation/ Aggression** | | | |
| Student Looks Like: | | | Strategies For Staff: |
| **Outburst/ Violence** | | | |
| Student Looks Like: | | | Strategies For Staff: |
| **TCIS Physical Intervention based on medication or student history (imminent harm or danger only)** | | | |
|  | | | |
| **Calming Recovery** | | | |
| Student Looks Like: | | | Strategies For Staff: |

**Emergency Contacts (Parent, Outside Provider):**