**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):**