

FORM 4

Crisis Response

Date of Initial meeting: _____

Members present: _____

Assessment lead: _____

Is there an immediate threat of harm to self or others? Yes No

If yes, contact law enforcement partner or hospital and continue assessment after the situation is safe.

Crisis / concern details:

Interviews to conduct:

	WHO WILL MAKE CONTACT?	HOW WILL THEY CONTACT?	DATE INTERVIEW COMPLETED
Reporting person <i>(if applicable)</i>			
Student in crisis			
Parents / Guardians			

Other interviews may include - peers, teachers, other staff, community members.

Are additional records needed Yes No If yes, specify: _____

Records may include academic, disciplinary, social services, social media pages, law enforcement.