

**FORM 6**

# Individualized Plan of Support (IPS)

Name of student: \_\_\_\_\_

Date form completed: \_\_\_\_\_

This form should be completed after all interviews have been conducted. The CRT team should meet to review all information gathered and formalize a plan of support.

The following services are recommended for the student in crisis:

School-based mental health services	Yes	No
School-based student support services	Yes	No
School-based mediation or restorative practices	Yes	No
School-based peer support or mentoring	Yes	No
Community-based mental health services (outpatient)	Yes	No
Community-based social services	Yes	No
Community-based peer support or mentoring	Yes	No
Removal or safe storage of firearms in the home	Yes	No
Removal of prescription drugs and/or alcohol from the home	Yes	No
Other: _____	Yes	No
Other: _____	Yes	No
Other: _____	Yes	No

The student was referred to the following individuals to schedule an initial appointment:

Person who will discuss the IPS with student and their parents / guardians :

Date of this discussion: \_\_\_\_\_

Date the CRT team will this IPS: \_\_\_\_\_