CRISIS INTERVENTION PROCESS

PART I: COUNSELOR RESPONSE STEPS

_____ 1. Interview student who made outcry and determine which option to continue with below:

➢ ***Option One- Danger to Self***

_____ *Determine if student has suicidal ideation

_____ *If suicidal ideation present, complete "Student Support Plan" with student and report to crisis team and complete Emergency Parent Notification form with parent

_____ *For ALL self-harming threats, notify parent/guardian of threat

➢ ***Option Two-Student's Basic Needs at Risk***

_____ *Make CPS report

➢ ***Option Three- Danger to Others***

_____ *Let student calm down

_____ *With student, plan mediation/alternate non-dangerous solution

_____ *Consult with AP

➢ ***Option Four- Student Threatened or Harmed by Other***

_____ *If a peer at school, file Incident Report with student in APs office

_____ *Consult with AP

_____ *If threat is from outside school, make CPS report

_____ 2. Submit crisis report to principal

_____ 3. Send confidential notification with student ID to admin team that a crisis occurred and principal has crisis report

© 2017 Bilingual Learner, LLC. All Rights Reserved.

PART II: CAMPUS ADMINISTRATOR NOTIFICATION OF CRISIS INTERVENTION

Student Name/ID	
Date/Time	
School/Grade	
Crisis Team Members Involved	
Administrator Involved	
Other Staff Involved	○ SRO ○ Nurse ○ Teacher ○ AP/Security
Parent Contact	○ Via telephone ○ In person ○ Parent not contacted
Crisis Type	○ Danger to Self ○ Danger to Others ○ Student Threatened/Harmed by Another (incl adults/outside school) ○ Student's Basic Needs at Risk ○ Other
Outside Agencies involved	○ CPS- report # _____ ○ Emergency Room ○ Outside counseling referrals given to parent/guardian ○ Other: _____
Followup	○ Completed ○ On-going: _____

© 2017 Bilingual Learner, LLC. All Rights Reserved.

PART III: STUDENT SUPPORT PLAN

This form can be completed with the student and parent/guardian on the first day that the student returns to school after a crisis resulting in a stay in a mental health facility.

DATE:

This is a support plan between (student) _____ and (staff) _____. It describes how the student will keep him or herself safe.

FEELINGS AND TRIGGERS

Sometimes I feel sad, helpless, and/or

_____.

Below are triggers that might make me feel this way:

_____

_____

_____

_____

HEALTHY COPING SKILLS

When my triggers occur, I will use the following healthy coping skills to make myself feel better:

_____

_____

_____

_____

SUPPORT PEOPLE

Below are several people at home, school, and in my community that I can talk to when I feel bad:

_____

_____

_____

_____

I will share this plan with the people listed above.

EMERGENCY NUMBERS

I can also call the National Suicide Prevention Hotline (1-800-273-8255) or 911 if I need immediate support.

SIGNATURES

Student Signature: _____

Staff Signature: _____

Parent/Guardian Signature or documentation of notification: _____

****** Additional Information:**

_____ Student signed form, but stated: _____

_____ Student refused to sign the form

Campus Administrator _____ was notified on _____.

© 2017 Bilingual Learner, LLC. All Rights Reserved.

PART IV: EMERGENCY PARENT NOTIFICATION FORM

Date _____ Campus _____

This is to verify that I, _____, parent/guardian of student _____, have been notified that my child expressed suicidal thoughts or thoughts of harm to self/others. I understand that this is a mental health emergency and that the school mental health staff or administration have advised me to take my child to one of the agencies listed below for a mental health evaluation and treatment.

Community Mental Health Agencies:

_____
_____
_____
_____
_____
_____

__ (parent/guardian initials) I understand that if I don't follow through with mental health treatment for my child, school staff may need to make a report to Child Protective Services in order to ensure the safety of my child.

__ (parent/guardian initials) I will share mental health agency information necessary to keep my child safe at school with the school mental health staff or administration on a need-to-know basis.

__ (parent/guardian initials) If my child is hospitalized, I will make an appointment to meet with school mental health staff or administration in order to create a safety plan for my child before he/she returns to school.

School Staff Comments for Mental Health Agency Regarding Student Emergency:

_____
_____
_____
_____
_____
_____

Parent Signature: _____
Staff Signature: _____

© 2017 Bilingual Learner, LLC. All Rights Reserved.