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| **Individual Crisis Management Plan** | **THIS DOCUMENT IS** **NOT CONFIDENTIAL**  |

 

**STUDENT:** enter text. **ID#:**  enter text. **D.O.B:**  enter text. (Age enter text.) **Date:** enter text.

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| **Safety Concerns – Warnings (based on student health or history):**  |
| **Current Issues (personal/family/social, etc.):** |
| **High-risk Behavior(s):**  |
| **Intervention Strategies for Each Stage of Student Crisis****Baseline**/**Pre-Crisis** **State**What baseline looks like for this student:Preventative strategies:**Agitation (e.g., head down, scowling, grumbling or muttering under breath, pacing)**Potential Triggers: What Agitation looks like for this student:What to do / Recommended approaches:**Escalation (**e.g., **leaving supervision, verbal / physical aggression)** Potential Triggers:What Escalation looks like for this student:What to do / Recommended approaches:**Recovery/Calming** Potential Triggers:What Recovery looks like for this student:What to do / Recommended approaches: |
| **Emergency Contacts (e.g., parent / guardian, school social worker, school psychologist, etc.):** |
| **Review date for ICMP: By Whom?** |