

**Individual Crisis Management Plan**

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

|  |
| --- |
| **Safety Concerns – Warnings (based on student health or history):** |
| **Current Issues / Potential Triggers (personal/family/social, etc.):** |
| **High-risk Behavior(s):** |
| **Intervention Strategies for Each Stage of Student Crisis**  **Baseline**/**Pre-Crisis** **State** –  **Triggering/Agitation –**  **Escalation (**e.g., **leaving supervision, verbal / physical aggression)** –  **Recovery/Calming –** |
| **Emergency Contacts (e.g., parent / guardian, psychologist, counselor, psychiatrist, etc.):** |
| **Review date for ICMP:**  **By Whom?** |