

**Individual Crisis Management Plan**

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

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| --- |
| **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?** |