**Crisis Intervention Plan**

Insert picture of the student here or delete if not needed.

# About Me

[Use this space to describe the student in a positive way; e.g., include hobbies, favorable qualities, characteristics]

# [Student's Name]

# Contact Information

## **Mother's Contact Info:**

*\* [Use this space to indicate known disabilities and disorders]*

[Name]

[xxx-xxx-xxxx]

**Father's Contact Info:**

# Triggers & What to Avoid

[Name]

[xxx-xxx-xxxx]

[Use this space to list situations/things that may trigger the student and situations/things to prevent a crisis event.]

## **Emergency Contact:**

[Name]

[xxx-xxx-xxxx]

|  |  |
| --- | --- |
| Current Medications[Use this space to list known medications and their possible side effects *(optional)*.] | Challenging Behaviors in Crisis[Use this space to describe the student’s behavior during a crisis. Be as objective as possible.] |
| Effective Strategies[Use this space to list specific coping strategies that have been effective for the student to use during a crisis event.] | Services and Key Personnel[Use this space to list service providers’ names, titles, and contact information.] |

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