



**Exceptional Student Education
Programs for Students with Emotional/Behavioral Disabilities
Clinical Services - Crisis Note**

Student: _____

ID: _____

School/Program: _____

Date/Time: _____

Nature of Crisis Intervention:

- | | | |
|---|---|---|
| <input type="checkbox"/> Requested by: | <input type="checkbox"/> Verbal threat(s) | <input type="checkbox"/> Depressed/withdrawn |
| <input type="checkbox"/> Student | <input type="checkbox"/> Physical threat(s) | <input type="checkbox"/> Possession of weapon |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Aggressive Behavior | <input type="checkbox"/> Ingestion |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Suicidal ideation | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Parent/caregiver | <input type="checkbox"/> Homicidal ideation | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Initiated by Clinician | <input type="checkbox"/> Bizarre/unusual behavior | <input type="checkbox"/> Other: _____ |

Specific problem(s), issues, and/or themes addressed in the session(s): _____

Observations:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Sad | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Flat affect | <input type="checkbox"/> Labile |
| <input type="checkbox"/> Aware of problems/issues | <input type="checkbox"/> Anxious, tense | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Resistant, unaware | <input type="checkbox"/> Oriented | <input type="checkbox"/> Paranoid/suspicious |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Time | <input type="checkbox"/> Appropriate eye contact |
| <input type="checkbox"/> Inattentive, distractible | <input type="checkbox"/> Person | <input type="checkbox"/> Decreased eye contact |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Place | <input type="checkbox"/> Other: _____ |

Risk Assessment:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Homicidal | <input type="checkbox"/> Means | <input type="checkbox"/> Cognitive | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Ideation | <input type="checkbox"/> Prior attempts | <input type="checkbox"/> Poor insight | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Plan | <input type="checkbox"/> Ideational | <input type="checkbox"/> Illogical | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Intent | <input type="checkbox"/> Delusions | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Lability |
| <input type="checkbox"/> Means | <input type="checkbox"/> Grandiosity | <input type="checkbox"/> Slowing | <input type="checkbox"/> Lassitude |
| <input type="checkbox"/> Prior history | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Racing thoughts | |
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Sensory | <input type="checkbox"/> Impulse Control | <input type="checkbox"/> Relational |
| <input type="checkbox"/> Ideation | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Very poor | <input type="checkbox"/> Manipulative |
| <input type="checkbox"/> Plan | <input type="checkbox"/> Command Hallucinations | <input type="checkbox"/> Poor | <input type="checkbox"/> Egocentric |
| <input type="checkbox"/> Intent | | | <input type="checkbox"/> Disassociative |

Assessment of Mitigating Factors:

- | | | |
|---|---|--|
| <input type="checkbox"/> Student Contract for Safety AND* | <input type="checkbox"/> Recent evaluation/treatment | <input type="checkbox"/> Inpatient contraindicated whenever possible |
| <input type="checkbox"/> Responsible party to supervise | <input type="checkbox"/> Outpatient services in place | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Alternate placement | <input type="checkbox"/> Voluntary placement/evaluation | |

*Should not stand alone.

Actions:

- | | |
|---|---|
| <input type="checkbox"/> Developed student emergency plan (specify) | <input type="checkbox"/> Alerted/Referred to School Resource Officer/Police |
| <input type="checkbox"/> Called parent/caregiver | <input type="checkbox"/> Completed a Professional Certificate |
| <input type="checkbox"/> Met with parent/caregiver | <input type="checkbox"/> Arranged follow-up (specify) |
| <input type="checkbox"/> Alerted/Referred to Administration | <input type="checkbox"/> Additional Contacts (specify) |

Plan: _____

Service Provider Name (printed)

Service Provider Signature, Credentials

Date