



## STUDENT CRISIS PLAN

An action plan is needed for times when a student may be at risk of harm to self or others.

<b>Student Name:</b> XXXXX	<b>D.O.B.</b> 4/17/2014	<b>School:</b> Happy Trails Elementary	<b>Grade:</b> 1st
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### Contact Information

<b>Parent/Guardian:</b> XXXXX		
<b>Cell Phone:</b> XXX-XXX-XXXX	<b>Home Phone:</b> N/A	<b>Other Phone:</b>
<b>Emergency Contact:</b> Not Provided	<b>Phone:</b>	

### Medical Information

<b>Physician:</b> Dr. Heals A Lot	<b>Phone:</b> XXX-XXX-XXXX
<b>Diagnosis:</b> Other Health Impaired	
<b>Medications:</b> Adderall	
<b>Allergies/Special Considerations:</b> N/A	<b>Food Restrictions:</b> N/A

### Define/Describe Specific Unsafe Behaviors (Measurable and Observable)

Physical Aggression- Defined as Kicking, scratching, and hitting staff and peers with an open and closed hand.

Property Destruction- Defined as behaviors such as: Throwing computers, and knocking over classroom supplies, chairs, tables, and ripping instructional materials off classroom walls.

<b>CRISIS RESPONSE PLAN</b>	
<b>Specific Procedures to Follow:</b>	<b>Who Will Do What? Back-up Staff Provided</b>
<p>Setting events: Environmental trauma; inconsistency of medication</p> <p>Antecedents (triggers): Denial of access to desired item/privilege (i.e. - iPad, teacher attention); lack of environmental control</p> <p><b>If behaviors occur in the: Special Education Setting</b></p> <ol style="list-style-type: none"> <li>1. Escort peers to the hallway.</li> <li>2. Track the duration of behavior (how long it lasted).</li> <li>3. Contact Crisis Team</li> <li>4. School personnel use the least restrictive technique from Certified De-escalation and Restraint Training (CRT).</li> </ol>	<p><b>If behaviors occur in the: Special Education Setting</b></p> <ol style="list-style-type: none"> <li>1. Staff member, Mrs. XXX, will escort peers hallway</li> <li>2. Ms. XXX will contact office for support from Crisis Team</li> <li>3. Ms. XXX will utilize CRT to block physical attacks and flying objects</li> <li>4. The Crisis Team will determine if physical restraint has to be utilized for the safety of XXXX. If so, the team will utilize CRT.</li> </ol>
<p><b>Additional Staff Responsibility</b></p> <ol style="list-style-type: none"> <li>1. Practice calming techniques with student prior to episodes/modeling deep breathing techniques               <ol style="list-style-type: none"> <li>a. Model/practice taking breaths from nose, then blowing air out through the mouth</li> </ol> </li> </ol>	<p><b>Student Responsibility</b></p> <ol style="list-style-type: none"> <li>1. Use deep breathing when prompted</li> <li>2. Utilize restitution. Restitution helps XXXX to experience the effort needed to restore the damage and may cause them not to repeat the behavior because of the inconvenience of correcting or rectifying the situation. Example: Throws over the trash can. XXXX must pick up the trash can and trash.</li> </ol>

<p>2. Staff should use a soft voice and slow cadence or pace of speech</p>	<p>Additional consequences: Home consequences: Restrict access to cell phone privileges School consequence: Restrict access to iPad/computer privileges</p>
<p><b>Reporting Procedure:</b></p> <ol style="list-style-type: none"> <li>1. If behavior occurs and the student is able to self-regulate, Mother will not be contacted.</li> <li>2. If behavior is severe, Mrs. XXX will:             <ol style="list-style-type: none"> <li>a. Collect data</li> <li>b. Contact parent</li> <li>c. Contact office</li> </ol> </li> </ol>	<p><b>Specify Data Collection</b></p> <p>Duration data will be collected</p>

<p><b>How will the plan be monitored?</b> Plan will be monitored during each episode to add additional information such as triggers, medicine changes, etc.</p>	<p><b>Who/Back-up Person?</b> Teachers and staff of the school district will work in coordination with the LEA Supervisor to review and plan after each episode.</p>
<p><b>How will decisions be made to terminate the plan?</b> Behaviors must be non-existent for 6 - 9 months in order to consider dismissal of the plan.</p>	

Current Agencies or Outside Professionals Involved		
Name	Agency	Phone
1.		
2.		
3.		

**Student Safety Team Members**

<b>Name/Signature</b>	<b>Title</b>	<b>Initial Date</b>	<b>Review Date</b>	<b>Review Date</b>	<b>Review Date</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					