

School Crisis Plan: Direct Referral Form (Tier 3)

PURPOSE

This form has two purposes:

1. Provide teachers and other school staff with a way to request support for students who need crisis support in a timely manner
2. A place for student support staff to document how they have responded to the needs of the student based on the referral

DIRECTIONS:

Complete this form when referring a student for immediate Tier 3 supports as indicated on the “Crisis Plan: Direct Referral Criteria (Tier 3)” form. Then use the form to provide documentation of the Student Support Plan.

NOTE: This form does not need to be completed in order for the child to receive services; if the child is in immediate danger; complete and submit the referral form after the student is safe.

BASIC INFORMATION

Student Name:		Grade:		Date:	
Referring Individual:		Role:			
Caregiver Contact:		Role:			

STUDENT CONCERNS

Check all that apply:	Please explain:
<input type="checkbox"/> School functioning (e.g., failing grades, incomplete work, little to no participation, excessive tardiness, or absence)	
<input type="checkbox"/> Mental health needs (for student or family: depression, anxiety, mood swings)	
<input type="checkbox"/> Suicidal ideation or attempt (if a student is actively suicidal, do not use this form; follow school or district mandates)	
<input type="checkbox"/> Extreme violent thoughts or behavior towards others , or homicidal ideation or attempt (if a student is actively homicidal, do not use this form; follow school or district mandates)	
<input type="checkbox"/> Family needs/concerns (change in living arrangements, financial concerns, for student or family: physical health challenges, food insecurity)	
<input type="checkbox"/> Trauma (physical, sexual, or emotional abuse, neglect, witnessing violence, grief, separation from family)	
<input type="checkbox"/> Medical (student or family substance abuse)	
<input type="checkbox"/> Systems involvement (foster care, juvenile justice)	
<input type="checkbox"/> Other:	

STUDENT SUPPORT RESPONSE PLAN *(to be completed by a member of the Student Support Team)*

Required:

- Contact caregiver**
- Provide strategies to teacher(s)**
- Progress monitor at Tier 3 team meeting**
- Other:**

Check all that apply:

- Complete Caregiver Interview**
- Provide strategies to caregiver(s)**
- Provide coping strategies to student**
- Refer to outside mental health agency**
- Refer to outside Social Service agency**
- Hold regular meetings with Student Support Staff member(s)**
- Other:**

Provide detailed information about the response plan below:

STUDENT SUPPORT RESPONSE PLAN (cont'd.)	
Next steps:	
Student Support Person(s):	
Teacher(s):	
Caregiver(s):	
Student:	
Other:	

STUDENT SUPPORT TEAM MEMBER:

(Name)

(Signature)

DATE:

(DD/MM/YY)