

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)