

JESUP COMMUNITY SCHOOLS



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Lisa Loecher
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Crisis Documentation

Student _____ Date of Referral _____

School _____ Grade _____

Staff Member Coordinating Medical Assessment _____

Phone _____

Reason for crisis assessment

Student has expressed intent to harm self? Yes No
Student has a plan to carry out harm to self? Yes No
Student has expressed intent to harm others? Yes No
Student has a plan to carry out harm to others? Yes No

Other pertinent information: _____

Parent/Guardian Signature _____ Date _____

Contact phone number _____

- Copy for building
- Send with student