**Child’s Name:**

**Date:**

**Current Difficulties & Potential Triggers** *(personal/family/social, etc):*

**Behaviors of Concern** *(Running Away, fighting, biting, self-injury, etc):*

**Safety Concerns** *(if any):*

**Pre-Crisis - Behavioral Teaching (***What skills can we teach this child?):*

**Adult Intervention Strategies**

**What to do when child is triggered:**

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**What to do when child is showing behaviors of concern:**

**How to de-escalate child (or stay in de-escallation):**

**Post Crisis Teaching** *(How can we learn from this event?):*

**Emergency Contacts**

Parent:

Pediatrician:

Behavioral Health Provider:

Mobile Crisis/Lifeline: 211 or 275-5151, Police 911

**Review Date: By Whom?**