

Child's Name: _____

Date: _____

Has the Team reconvened to discuss the child's current behaviors and the interventions that have been implemented and failed? Yes No Date of Meeting: _____

Have adjustments been made to these interventions? (Please Specify)

Identify school staff that will be responsible for working with the mental health staff to assist the child:

Identify the school staff that will be responsible for implementing the interventions if the mental health staff is unavailable:

What is the school's plan of action in the event of a crisis?

Signature of School Representative and Title	Telephone Number	Date Signed
Signature of Provider Representative and Title	Telephone Number	Date Signed
Signature of Family Representative and Title	Telephone Number	Date Signed
Signature - Other	Telephone Number	Date Signed

Form Completed By: _____

The above person can be contacted at _____ for any questions.