

**Individual Crisis Management Plan (ICMP)**  
**Shenendehowa Central School District**

Student:	Date:
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Safety Concerns—Warnings (i.e., Medical /Physical concerns, Medications, Social-Emotional History concerns, etc...) <ul style="list-style-type: none"><li>•</li></ul>
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Current Issues—Potential Triggers (personal, social, family, etc ...) <ul style="list-style-type: none"><li>•</li></ul>
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High-risk Behaviors (hitting, biting, running away, etc...) <ul style="list-style-type: none"><li>•</li></ul>
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Behavioral Display / Intervention Strategies:		
	Behavioral Display	Intervention Strategies
Pre-Crisis/Baseline	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
Triggering/Agitation	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
Escalation/Aggression	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
Outburst/Violence	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
Recovery/Calming	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>

Emergency Contacts (psychiatrist, Counselor, parents, etc...) <ul style="list-style-type: none"><li>•</li></ul>
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ICMP Review Date:
By Whom?