

FORM 17-1

CRITICAL INCIDENT ASSESSMENT TOOL

FORM TO BE COMPLETED BY: School Administrator NLT 24 Hours of Incident

Name: _____ **Date:** _____

School: _____

The school administrator is required to complete and submit this form to the Deputy Superintendent of Educational Support and Community Learning (DSESCL) within 24 hours of learning about the incident. If time permits, utilize the Critical Incident Response Team (CIRT) to assist in completing this document.

Note: If you need assistance with the form please consult with the Behavioral Health Services Team.

1. **Description of Event:** Provide the date, time, and location of the incident, along with a brief description of what happened. List the names of individuals involved, including witnesses, specifying whether they are students, faculty, or staff. If any individuals involved are deceased, include their names and, if authorized by a parent/guardian, the cause of death.

If the incident involved a student, faculty, or staff member, determine their class assignments and involvement in extracurricular activities such as sports, clubs, band/choir, etc. and identify them in the space below.

2. **Who is aware of the incident (e.g., students, school personnel, parents and/or legal, guardians, media, etc.)?**
3. **If the student(s) involved have siblings: Which schools do they attend? Have they been notified? What supports are available for them?**
4. **What are the predominant rumors thus far? Is the media involved?**
5. **What previous events might influence the response to this event?**

**Based on the current assessment, the school recommends the following:
(Please check one of the boxes below.)**

- ☐ No CISD needed at this time.
- ☐ Request external support from other schools within the district to conduct CISD (The DSESCL/Designee will coordinate the School Counselor Response).
- ☐ Request external support from the Student Support Services Division-Behavioral Health Team to conduct CISD only under special circumstances (e.g., District Wide Assessment).

Note: In the event that the SSSD BHS team is requested, the parent letter (Appendix 17-5) must go out to the parents no later than 24 hours of this form being submitted to the DSESCL.

School Point of Contact (POC) for CISD Response. (Please print the first and last name below.)	Contact Numbers
Primary POC Name:	
Secondary POC Name:	

School Administrator Name and Signature

Date
