

**FORM 17-4****CRITICAL INCIDENT STRESS DEBRIEFING LOGISTICS FORM**

**FORM TO BE COMPLETED BY:** School Counselor or Designee NLT 72 Hours of Incident

<b>Type of critical incident</b>	
<b>Name of individual directly involved in the incident, if applicable.</b>	
<b>If applicable, list the individual's classes and school affiliations (e.g., student government, clubs, sports teams, and friend groups).</b>	
<b>Number of students identified for CISD support:</b>	<b>Number of school personnel identified for CISD support:</b>
<b>Number of Critical Incident Stress Debriefing groups (CISD) recommended:</b>	
<b>Student Groups (no more than 15 per group)</b>	<b>School Personnel Groups (No more than 15 per group)</b>
<b>Rooms to hold CISD:</b>	
<b>Special Accommodations:</b> <b>Any disabilities: YES/NO</b> If yes, please place students in groups of $\leq 5$ students <b>Special Education: YES/NO</b> If needed, please place students in groups of $\leq 5$ students <b>Deaf and Hearing Impaired: YES/NO</b> <b>Is a Sign Language Interpreter needed? YES/NO</b> <b>English as a Second Language (Interpreter): YES/NO</b> If yes, is a translator needed? <b>Students with physical disabilities: YES/NO</b> -place in group located on 1st floor  <i>Note: If special accommodations are needed, indicate them in the comment column on Form 17-3</i>	
<b>Meeting room for CISD Facilitators and Co-Facilitators:</b>	
<b>Materials and supplies needed for CISD:</b>	

<input type="checkbox"/> Tissue	<input type="checkbox"/> Art supplies, including crayons, colored markers, chalk, whiteboard markers, pencils (as requested)
<input type="checkbox"/> Water	<input type="checkbox"/> Chalkboard, whiteboard, large easel notepad, or butcher paper and tape.
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

I attest that the students and school personnel listed above were identified for CISD support, and if applicable, each student was given Appendix 17-5 (Parent Letter) or their family was contacted by phone to participate in the CISD.

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School Counselor or Designee Name and Signature

Date