

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

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

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

<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.

School Counselor or Designee Name and Signature

Date