

Williams County Service Coordination  
Crisis & Safety Plan Assessment

Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Describe the behavior or situation in detail. What does it look like?

Who is involved in the crisis?

Are there other activities going on in the environment that make the situation better or worse?

List the triggers that lead to the crisis?

How often does the crisis occur? Choose the best option).

Dailey: \_\_\_\_\_ How many times? \_\_\_\_\_

Weekly: \_\_\_\_\_ How many times? \_\_\_\_\_

Monthly: \_\_\_\_\_ How many times? \_\_\_\_\_

Other: \_\_\_\_\_ How many times? \_\_\_\_\_

When the crisis does occur, how intense is it?

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1	2	3	4	5
Not Very				Very

How long does the crisis last? (Minutes, hours, days)

Describe what happens after (as a result of) the crisis:

- What does the person do?
- How do they feel?
- Emotions or responses by others?
- Actions taken, including punishments?
- Rewards, what did the person get out of the crisis (unmet need)?

What have you tried in the past to avoid this crisis? How well did it work?

Why do you think that the crisis continues to happen? What is this individual gaining from the crisis?

When triggers start what action steps can you take to prevent the crisis from happening?

What can the youth do instead of the crisis behavior?

What signs or behaviors indicate that the crisis is beginning?

What do you do when things start to calm down before the situation becomes severe?

If the crisis occurs, what do I do: (Detailed sequential action steps to be followed by the team)? Include who (natural & formal supports) will do what, when & how often

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Parent Signature

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Date

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Parent Signature

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Date

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Youth Signature

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Date

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Service Coordinator Signature

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Date

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Team Member Signature

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Date

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Team Member Signature

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Date

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Team Member Signature

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Date

### Crisis / Safety Plan

When (name, action, thought crisis): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Name) \_\_\_\_\_ is to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(Name) \_\_\_\_\_ is to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(Name) \_\_\_\_\_ is to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If this does not work, follow the phone tree:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I assisted with the creation of, and agree with the contents of this plan:

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_