COMMUNICATION OF RISK OF HARM

Student’s Name: ___________________________ Date of report ______________
Parent/Legal Guardian _____________________ Phone _______________________
Student’s risk level as determined by: ___________________ Title ___________________

REPORTING PARTY
School: ___________________________ (assessment tool in District Crisis Manual and “Red Book”)

Guardian Contacted: (note) ____________________________________________

Additional Concerns:

Severe Risk (Supervision needed for student)

Extreme Risk (911 first step if risk is determined to be extreme)

Action Taken:

911 called for ambulance

Police contacted - Pink slip

DCFS contacted @ 1-855-323-3237

List of referrals and resources given to student/parent*

Student taken to E.R. by parent/guardian

Student taken home by parent/guardian

Other: ________________________________

Summarize situation and Action taken:

1 copy to building administrator _____________________________ Date

1 copy to Coordinator of Student Services _____________________________ Date

1 copy to parent (optional) ____________________________________________ Date

1 copy for own records (optional)

* Short list of referrals found in Crisis Manual (attached)

* Long list of referrals found in Red Book

March 30, 2012