

Name of SOC/OHTI Site
Crisis Plan/Functional Assessment
Chart Copy

Date Developed:

Date(s) Reviewed/Updated:

Young Adult's Name:

Team Members Present:

1. *Clear description of the crisis behavior or situation:

2. *Frequency, intensity, duration of the behavior or situation:

3. *Triggers or setting events that lead to crisis behavior or situation:

4. *When does behavior not occur? (school, friends house, church, when playing sports, etc):

5. *How to identify that crisis may occur soon (observable signs):

6. *What has been tried in past, how was it implemented, did it work?:

7. *Benefits or function of the crisis situation or behavior? (attention, gets what he/she wants, etc):

8. *Possible positive replacement behavior(s):

9. *Things that could make the situation better or worse:

10. *What happens after the behavior? (what does everyone involved do/how do they feel/punishments/rewards/etc)

11. Steps or goals to **prevent** crisis in presence of triggers (what, who, when, how often):
Remember to include formal and informal supports

12. Steps to take **during** crisis situation (what, who, when, how often):
Remember to include formal and informal supports

Each statement preceded with an * is a component of the Functional Assessment.

Signatures:

Young Adult

Date

Parent/Guardian(s)

Date

Family Member

Date

Family Member

Date

Family Member

Date

Care Coordinator/
Transitional Facilitator

Date

Family Support Provider/
Transitional Mentor

Date