

Name of SOC Site

Date Developed:

Date(s) Reviewed/Updated:

Youth Name:

Team Members Present:

Functional Assessment/Crisis Plan: Chart Copy

* Each statement preceded with an * is a component of the functional assessment. The statements without the * are components of the crisis plan.

1. * Provide a 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? _____

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

6. * What has been tried in the 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 behaviors: _____

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

10. *What happens after the behavior? (what do they 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.

Signatures:

_____	_____
Parent/Guardian(s)	Date
_____	_____
Child/Youth	Date
_____	_____
Family Team Member	Date
_____	_____
Family Team Member	Date
_____	_____
Family Team Member	Date
_____	_____
Care Coordinator	Date
_____	_____
Family Support Provider	Date