Name of SOC/OHTI Site

Date Developed:
Date(s) Reviewed/Updated:
Young Adult’s Name:
Team Members Present:

Crisis Plan / Functional Assessment with Safety Plan Components

* 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.
Safety Plan Components

13. Define appropriate behaviors: ________________________________

______________________________________________________________

______________________________________________________________

14. Define inappropriate behaviors: ________________________________

______________________________________________________________

______________________________________________________________

15. Plan for the 24-hour day: ________________________________

______________________________________________________________

______________________________________________________________

Discussion Points (if applicable)
16. Proactive plan to educate children (ie: younger siblings) about safety issues: ________________

______________________________________________________________

______________________________________________________________

17. Community safety-what are we doing to ensure the community stays safe:____________________

______________________________________________________________

______________________________________________________________

18. Proactive plans for negative community reactions:____________________

______________________________________________________________

______________________________________________________________
Signatures:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Parent/Guardian(s)</td>
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<tr>
<td>Young Adult</td>
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<td>Care Coordinator/Transitional Facilitator</td>
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<td>Family Support Provider/Transitional Mentor</td>
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