

NORTHWEST ESD 189's CRISIS RESPONSE TEAM LEADER

11/06

Name: _____ Date: _____

School District: _____ Building Name: _____

School Phone: _____ Direct/Desk Phone: _____

Cell/Pager Number: _____ Home/Evening Phone: _____

E-mail Address: _____

What times during the weekend/evening may we call? _____

Home Address _____

Second Language Skills - please specify _____

I am most skilled at working at the following levels (check all that apply):

- Elementary
- Middle School
- High School
- All Three
- Adults

I have counseling experience and/or feel competent in the following areas: (check all that apply)

- | | | | |
|-----------------------|--------------------------|-----------------------|--------------------------|
| Suicide | <input type="checkbox"/> | Natural Disaster | <input type="checkbox"/> |
| Sexual Assault | <input type="checkbox"/> | Building Destruction | <input type="checkbox"/> |
| Sudden Death | <input type="checkbox"/> | Communicable Diseases | <input type="checkbox"/> |
| Critical Term Illness | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Grief Loss | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> |
| Intruders on Campus | <input type="checkbox"/> | Gang Violence | <input type="checkbox"/> |
| Family Issues | <input type="checkbox"/> | Assault | <input type="checkbox"/> |
| Post Traumatic Stress | <input type="checkbox"/> | | |

Please indicate crisis response roles in which you have experience (check all that apply):

- | | | | |
|---------------------------|--------------------------|----------------------------|--------------------------|
| Crisis Response Planning | <input type="checkbox"/> | Communications | <input type="checkbox"/> |
| Individual Counseling | <input type="checkbox"/> | Small Group Counseling | <input type="checkbox"/> |
| Peer Helper Coordinator | <input type="checkbox"/> | Staff Support | <input type="checkbox"/> |
| Counseling Triage | <input type="checkbox"/> | Announcement Prep. | <input type="checkbox"/> |
| Staff Briefing Debriefing | <input type="checkbox"/> | Community Referrals | <input type="checkbox"/> |
| Parent Community Mtg. | <input type="checkbox"/> | Hospital Support | <input type="checkbox"/> |
| Student Evac. Relocation | <input type="checkbox"/> | Victim Family Visitation | <input type="checkbox"/> |
| Funeral Support | <input type="checkbox"/> | Post Intervention Planning | <input type="checkbox"/> |

- Assist Building Administration with Crisis Response Coordination
- Response Coordination Consultation
- Classroom Presentation Discussion

List any other skills or training that you have that may benefit a crisis intervention team: _____

Are there any crisis situations in which you do not wish to participate? _____