



Children's Behavioral Health Services Critical Incident Report

Student Name: _____

DOB: _____

School District: _____

Date: _____

Describe the critical incident: _____

Date and time of the incident: _____

Incident location: _____

Names and ages of each individual involved in the incident (if known): _____

Service history of individuals involved with NWESD, if any: _____

Immediate actions taken to minimize further loss or harm: _____

Future actions planned to prevent this type of incident from occurring again: _____



If there is reasonable cause to believe that a child has suffered abuse or neglect, document the reporting of the incident, including whether the report was made to law enforcement or CPS, and the date and time of the report: _____

Therapist Signature

Date

Describe the follow up and resolution of the critical incident: _____

Supervisor Signature

Date

Supervisor Printed Name

Presented to Board: 01/28/15