



COMMUNICATION OF RISK OF HARM

Student's Name: _____ Date of report _____
Parent/Legal Guardian _____ Phone _____
Student's risk level as determined by: _____ Title _____

REPORTING PARTY

School: _____ *(assessment tool in District Crisis Manual and "Red Book")*

Guardian Contacted:(note) _____

Additional Concerns:

- Severe Risk (**Supervision needed for student**)
- Extreme Risk (**911 first step if risk is determined to be extreme**)

Action Taken:

- 911 called for ambulance
- Police contacted-Pink slip
- DCFS contacted @ 1-855-323-3237
- List of referrals and resources given to student/parent*
- Student taken to E.R. by parent/guardian
- Student taken home by parent/guardian
- Other: _____

Summarize situation and Action taken:

1 copy to building administrator _____ Date

1 copy to Coordinator of Student Services _____ Date

1 copy to parent (optional) _____ Date

1 copy for own records (optional)

* Short list of referrals found in Crisis Manual (attached)
* Long list of referrals found in Red Book