

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):

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8. \* Possible positive replacement behaviors: \_\_\_\_\_

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

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10. \*What happens after the behavior? (what do they do, how do they feel, punishments, rewards, etc):

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11. Steps or goals to prevent crisis in presence of triggers (what, who, when, how often): \_\_\_\_\_

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Remember to include formal and informal supports.

12. Steps to take during crisis situation (what, who, when, how often): \_\_\_\_\_

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Remember to include formal and informal supports.

Safety Plan Components

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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:

|   |       |
|---|-------|
| _____                                       | _____ |
| Parent/Guardian(s)                          | Date  |
| _____                                       | _____ |
| Young Adult                                 | Date  |
| _____                                       | _____ |
| Transition Team Member                      | Date  |
| _____                                       | _____ |
| Transition Team Member                      | Date  |
| _____                                       | _____ |
| Transition Team Member                      | Date  |
| _____                                       | _____ |
| Care Coordinator/Transitional Facilitator   | Date  |
| _____                                       | _____ |
| Family Support Provider/Transitional Mentor | Date  |