

Exhibit B

STUDENT CRISIS INTERVENTION TEAM
INFORMATION FORM

Please complete this form after each intervention. This form should remain in a confidential file and should not be part of this student's permanent record.

NAME OF PERSON(S) COMPLETING THIS FORM:

PLEASE CHECK INTERVENTION TAKEN: **LEVEL I** ___ **LEVEL II** ___ **LEVEL III** ___

DATES OF ANY PRIOR INTERVENTION:

DESCRIBE WHAT STEPS WERE TAKEN:

SCIT MEMBER SIGNATURE(S)

Name

Date

Name

Date

Name

Date