

Milford Public Schools
CONFIDENTIAL
CRISIS REPORTING FORM
(Form 1 of 4)

Self-harm Suicidal Ideation Threat

Student Name: _____ Date: _____
School: _____ Grade: _____ D.O.B.: _____ Age: _____ Gender: _____
Parent/Guardian: _____ Primary Phone: _____ H W C
Address: _____

Educational Placement/Services: Regular Education: _____ Special Education: _____ 504 Plan: _____
List of Services Received: _____
List of Community-Based Services Received: _____

Crisis Intervention Team (CIT) Members Involved:

- | | |
|---|--|
| <input type="checkbox"/> Administrator/Designee _____ | <input type="checkbox"/> School Counselor _____ |
| <input type="checkbox"/> School Social Worker _____ | <input type="checkbox"/> School Resource Officer _____ |
| <input type="checkbox"/> School Psychologist _____ | <input type="checkbox"/> School Nurse _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Reason for Referral:

- Statement _____

- Plan _____

- Means _____

- Access _____

- Target _____

Intervention by School-Based Team Based on Level of Risk: Low Moderate High

- Mental health/counselor contact with student
- Parents notified
- Student supervised until released
- Student returned to class (low risk only and with parent permission)
- Discussion of home safety/supervision (access to weapons, drugs, Rx's, etc.)
- Contact with outside providers (if applicable and have consent)

Person Completing Form: _____ Date: _____

Levels of Risk

Low Level of Risk:

- Threat is vague and indirect.
- Information contained within the threat is inconsistent, implausible, lacks detail or realism.
- Available information suggest that the person is unlikely to carry out the threat or become violent.

Moderate Level of Risk:

- Threat is more plausible and concrete. Wording in the threat and information gathered suggests that some thought has been given to how the threat would be carried out (e.g. possible place and time).
- No clear indication that the student has taken preparatory steps (e.g. weapon seeking) although there may be ambiguous or inconclusive references pointing to that possibility. There may be a specific statement seeking to convey that the threat is not empty (e.g. "I'm serious.")
- Moderate or lingering concerns about a student's potential to act violently.

Contact 211 or make contact with student's current outside mental health provider, student is picked up by parent.

High Level of Risk:

- Threat is specific and plausible. There is an identified target. Student has the capacity to act on the threat.
- Information suggests concrete steps have been taken to act on the threat (e.g. acquired or practiced with weapon, has victim under surveillance).
- Information suggests a strong concern about a student's potential to act violently.
- Threats at this level almost always require immediate law enforcement intervention or hospitalization.

School staff may contact 211 while also contacting 911 for student to be transported to hospital.

Milford Public Schools
CONFIDENTIAL
CRISIS REPORTING EXIT FORM
 (Form 2 of 4)

Self-harm Suicidal Ideation Threat

Student Name: _____ D.O.B.: _____ Age: _____
 School: _____ Grade: _____ Gender: _____ Date: _____
 Parent/Guardian: _____ Primary Phone: _____
 Address: _____
 Summary of Incident: _____

Member(s) of Crisis Intervention Team (CIT) Involved:

- | | |
|---|--|
| <input type="checkbox"/> Administrator/Designee _____ | <input type="checkbox"/> School Counselor _____ |
| <input type="checkbox"/> School Social Worker _____ | <input type="checkbox"/> School Resource Officer _____ |
| <input type="checkbox"/> School Psychologist _____ | <input type="checkbox"/> School Nurse _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Checklist:

- Obtain Release of Information (if appropriate).
- A copy of "CRISIS REPORTING EXIT FORM" was given to parents.
- Provide a copy of Community Resources.

If Applicable:

- Copy of Board "SUICIDE PREVENTION AND INTERVENTION PROCEDURE" (ADM-P5141.5 a-e) given to parents.
- Parent is informed that the policy of the Milford Board of Education is to have a re-entry meeting before returning to school.

Interventions and action plan:

Action	Who	When

Child released to: _____ Date: _____
Printed Name Parent/ Guardian Signature

School Based Contact Person: _____
Name Phone Number

Milford Public Schools
CONFIDENTIAL
SAFETY PLAN
(Form 3 of 4)

Self-harm Suicidal Ideation Threat

Name: _____

Date: _____

Safety plan established with: Student School Family

Presenting issue or concern:

Identified Strengths:

I will engage in the following coping strategies when I'm feeling _____.
(identify emotion)

Coping strategies include:

Natural and other sources of supports:

Follow-up:

Student Signature: _____

Support Staff Member: _____

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CRISIS INTERVENTION RE-ENTRY FORM

(Form 4 of 4)

Self-harm Suicidal Ideation Threat

Student Name: _____ Date: _____

School: _____ Grade: _____ D.O.B.: _____ Age: _____ Gender: _____

Parent/Guardian: _____ Primary Phone: _____ H W C

Address: _____

1. What intervention strategies did the parent/guardian put in place regarding the incident?

- Hospitalize
- Counseling/outside agency
- Medication
- Other _____

Describe specific strategies/interventions:

2. If hospitalized or agency involved, is there a signed release? _____ Yes _____ No

3. If hospitalized did we receive a discharge summary? _____ Yes _____ No

Signed by attendees:

Administrator: _____ Date: _____

Member(s) of CIT: _____ Date: _____

Parent/Guardian: _____ Date: _____

Student: _____ Date: _____

Other: _____ Date: _____

Milford Public Schools
Community Mental Health Services Provider List

** This is a list of community resources available, not MBOE recommendations

Agency	Address	Phone
CT Behavioral Health	57 Cherry Street, Milford	203-271-1430
Milford Youth and Family Services	Parson's Complex, Milford	203-783-3259
Bridges	949 Bridgeport Ave, Milford	203-783-6365
Catholic Charities	203 High Street Milford	203-874-6270
Center for Counseling and Psychotherapy	63 Cherry Street, Milford	203-878-3140
Clifford Beers	93 Edwards Street, New Haven	203-772-1270
Yale Child Study Center	230 S. Frontage Road, New Haven	203-785-2513
Yale Child Conduct Clinic	314 Prospect Street, New Haven	203-432-9993
Child Guidance Center	80 Ferry Blvd, Stratford	203-378-1654
The Shoreline Center for Counseling and Family Psychotherapy	9 Business Park Dr. #1, Branford	203-433-0299
Professional Psychotherapy Associates. of Milford	266 S Broad St #A, Milford	203-878-6198
Private Practitioners	Address	Phone
Darlene Chulak	74 Cherry Street, Milford	203-874-3550
Melissa Jacobs, LCSW	1129 Essex Place, Stratford	203-375-8050
Suzanne King, LCSW	202 Cherry Street, Milford	203-785-0815
Thomas Calder, LCSW	99 Cherry Street, Milford	203-458-1433
Ed Perten, MPS, LMFT	657 Orange Center Road, Orange	203-878-9190
Kim Massey, Psy.D	57 Plains Rd, Milford	203-974-2061
Jamie Perillo, LPC	1092 Main Street, Branford	203-915-1161
Jenny Noia	935 White Plains Rd Suite 204, Trumbull	203-231-2043
Amanda Romaniello	39 Sherman Court, 2nd floor, Fairfield	203-998-5721
Barbara Sarcia, LCSW	375 Mather Street, Hamden	203-288-5266
Leigh Westberg, LCSW/RN	540 Tunxis Hill Road, Fairfield	203-382-0556
Two Rivers Counseling Tracey Ramey (Trauma Focused CBT) & Dayne Bachmann (LGBTQ)	90 Sodom Lane, Derby	475-777-4222 475-439-9639
Brian Tessier, MSW, LCSW	57 Plains Rd, Suite 1B Milford	203-883-0440
Dr. David Aversa - CT Psychiatric and Wellness Center	One Bradley Rd, Suite 905, Woodbridge	203-298-9005
Dr. Pramila Nathan	202 Cherry Street, Milford	203-876-0545
Dr. David Sasso	455 Orange Street, New Haven	203-691-7099
Substance Abuse		
Milford Prevention Council	Parson's Complex, Milford	203-783-6676