

Appendix C2 – Survey

School: _____

Appendix C2

Evaluation of Crisis Response Team Intervention

The Crisis Response Team (CRT), consisting of both the school guidance staff and the area school student services staff seeks your input to help us assess the effectiveness of the intervention during the recent emergency at our school. We would appreciate you taking a few minutes of your time to complete this form as soon as possible and return it to the Crisis Response Team Coordinator.

- I. Review the following and select the best response that closely reflects your evaluation of the following:

- Speed of CRT's response to the emergency:

☐ VERY DELAYED

☐ ADEQUATE

☐ VERY TIMELY

- Comprehensiveness of CRT's response:

☐ VERY LIMITED

☐ ADEQUATE

☐ EXCEPTIONAL

- Effectiveness of team's responses in meeting students' needs:

☐ NOT HELPFUL

☐ ADEQUATE

☐ VERY EXPLANATORY

- Assistance to teachers in the classroom:

☐ NOT SUPPORTIVE

☐ ADEQUATE

☐ VERY SUPPORTIVE

- Quality of communication with the school faculty and staff:

☐ NOT INFORMATIVE

☐ ADEQUATE

☐ VERY EXPLANATORY

- Support and guidance to individual teachers and staff:

☐ INEFFECTUAL

☐ ADEQUATE

☐ VERY EMPATHETIC

- Assistance to the administrative staff:

☐ LIMITED

☐ ADEQUATE

☐ COMPREHENSIVE

- Amount of time allocated for intervention:

☐ INSUFFICIENT

☐ ADEQUATE

☐ VERY SUFFICIENT

- Support to families in need:

☐ LACKING

☐ ADEQUATE

☐ OUTSTANDING

- Communication of information to parents:

☐ MINIMAL

☐ ADEQUATE

☐ THOROUGH

- II. Please indicate which adjectives best describe the students' reactions to the CRT's intervention. Use as many adjectives as needed:

☐_satisfied ☐_positive ☐_angry ☐_negative ☐_ambivalent

☐_receptive ☐_grateful ☐_hostile ☐_relieved ☐_apathetic

- III. Please describe any significant reactions the students had to the CRT intervention which should be considered in future interventions.

- IV. Please comment on any aspects of the intervention you found particularly helpful or areas which you think should be modified.

I certify that the Crisis Management and Response Plan for this campus is fully prepared and compliant with Louisiana Department of Education guidelines.

Principal Signature: _____ Date: _____

Completed form is to be sent to Jefferson Parish Schools' Office of School Safety at schoolsafety@jpschools.org