LEA Crisis Report

LEA: _____ Date: _____

Central Office Counselor Supervisor: _____
Signature

LEA Safety Coordinator: _____
Signature

Mental Health Service Coordinator (MHSC): _____
Signature

Part 1

Natural Disaster/Safety Crisis: □ No – move to Part 2 □ Yes – continue with Part 1 & skip Part 2

□ Hurricane □ Tornadoes □ Flood □ Fire □ Active Shooter □ Other Lockdown □ Other: _____

Affected School(s): □ All List: _____

_____

_____

_____

Impacts on School Activities:

_____

_____

_____

Needs:

_____

_____

_____

Part 2

School (or LEA Level): _____

Individual: □ Personnel □ Student: ____ Grade **Gender:** □ Female □ Male

Race: □ American Indian or Alaska Native □ Asian □ Black or African American □ Hispanic

□ Other/Multiple Races □ Native Hawaiian or Other Pacific Islander □ White

Individual Crisis Type: □ Suicide Ideation □ Suicide Attempt □ Death by Suicide □ Death - Non-Suicide

□ Other: _____

Other Impacted Schools
(if any): _____

_____

_____

Needs:

_____

_____

Submit this form immediately to your LEA Safety Coordinator.
The digital version should also be completed by the LEA Safety Coordinator.