

RECORD OF INVOLVEMENT for EACH DAY SCRT members are present in the school

| To be completed by the on site TEAM LEADER each day | |
|---|--|
| Date: | School location: |
| List below, SCRT Members on site | List below, <u>what each team member did today</u> . (i.e. Met with administration; Met with counseling staff; Provided resources/handouts to staff; Met with individual students, or groups of students, for assessment; Met with certain groups of students for Defusing or Debriefing; Helped plan a Community Meeting, etc.) |
| TEAM LEADER Name: Arrival time on site: Departure time: | |
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MAKE COPIES OF THIS PAGE AS NEEDED
 INCIDENT REPORT MACS SCHOOL CRISIS RESPONSE TEAM



To be completed by the on site TEAM LEADER at the CONCLUSION of team’s involvement

| | | | |
|---|----------|-------|--------|
| Description of the incident: | | | |
| School location: | | | |
| Dates the SCRT was present at the school: | | | |
| AT THE CONCLUSION OF OUR INVOLVEMENT, indicate the numbers served below | | | |
| | Students | Staff | Others |
| Number of witness(es) to the incident: | | | |
| Number seen individually (Safe Room and/or 1:1 conversations) | | | |
| Number attending Defusings and/or Debriefings | | | |

At the conclusion of the team’s involvement, all copies of the RECORD OF INVOLVEMENT, along with this INCIDENT REPORT, are to be given to the Team Coordinator, Lexy Spangrud

You may scan and email to: aspangrud@shpamn.org

INITIAL REPORT MACS SCHOOL CRISIS RESPONSE TEAM

To be completed by the TEAM COORDINATOR – Lexy Spangrud

| | | | |
|---|--|--|--|
| Date of initial contact: | | | |
| Contact was initiated by: | | | |
| School or District needing support: | | | |
| Date and Name of crisis event: | | | |
| Precipitating incident: | | | |
| MACS School Crisis Response Team Member First Contacted | | | |
| On-Site Team Leader | | | |
| Additional Regional Member Deployed | | | |
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| Pertinent Information Provided to the Team Leader Prior to Deployment | | | |