

# CONFIDENTIAL

## Elko County School District Crisis Intervention Incident Report

Date		School:	
Student ID		Name of Parent/Guardian Contacted	

Date & Time of P/G Contact		Contact Method	
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### CIT Members


CIT Leader:	
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### Non-ECSD Agencies involved:


### Incident Description:

	Attempted Suicide or Gesture		Suicidal Ideation
	Completed Suicide		Death or Server Trauma

### Anecdotal Report:

CIT Leader signature: \_\_\_\_\_  
Route to Superintendent ECSD.