

**Organization Name Here**  
**SHORT TERM INTERVENTION PLAN**

<b>Child Name:</b>	<b>Client #:</b>	<b>Phone(s):</b>	<b>Date of Plan:</b>
<b>Parent Name(s):</b>	<b>Phone(s):</b>	<b>Staff Name(s):</b>	<b>Phone(s):</b>

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**DESCRIPTION OF IMMEDIATE/SHORT TERM CHILD/FAMILY NEEDS:**

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**INTERVENTION PLAN TO REDUCE OR ELIMINATE IMMEDIATE CRISIS: (Include any Mental Health services needed by child)**

**Goal(s):**

**Strategies:**

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**SUPPORTIVE RESOURCES IDENTIFIED TO ASSIST IN CRISIS RESOLUTION: (friend/family/community/professional)**

**NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

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**PLAN IF CRISIS CONTINUES: (Alternative action plan)**

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**I / WE AGREE TO THE ABOVE INTERVENTION GOALS AND COMMITMENTS:**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Child/Youth Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Crisis Staff Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Crisis Staff Signature**

\_\_\_\_\_  
**Date**