



STATE OF TENNESSEE  
DEPARTMENT OF CHILDREN'S SERVICES

**CRISIS INTERVENTION/RESOLUTION PLAN**

Name of Child: \_\_\_\_\_

Participants:

Name	Relationship	Date
Name	Relationship	Date
Name	Relationship	Date

Name	Relationship	Date
Name	Relationship	Date
Name	Relationship	Date

Presenting Strengths and Issues/Goal(s):

Name	Task/Activity	Target Completion Date

Original: Case File  
Copy: Family

Name	Task/Activity	Target Completion Date

Expected outcomes in order to meet previously written goals:

Date scheduled for progress review: \_\_\_\_\_

By my signature below I am verifying that I have participated in the formation of this plan and that I will do my part to make this plan successful.

Signature	Date
Signature	Date
Signature	Date

Signature	Date
Signature	Date
Signature	Date

Original: Case File  
Copy: Family



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**CRISIS INTERVENTION/RESOLUTION PLAN ADDENDUM**

Name of Child: \_\_\_\_\_

This is only an addendum to the original plan. List new participants only:

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

Have Presenting Strengths and Issues/Goal(s) Changed? If so, list new issue/goal:

Name	Revised Task/Activity	Target Completion Date

Date scheduled for progress review: \_\_\_\_\_

By my signature below I am verifying that I have participated in the formation of this plan and that I will do my part to make this plan successful. (All participants will sign this addendum.)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Original: Case File  
Copy: Family