

# Confidential

## SCHOOL-BASED CRITICAL INCIDENT RESPONSE TEAM

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SCHOOL PHONE #: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

ASST SUPT: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

RCMP LIAISON OFFICER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

RELOCATION SITE: \_\_\_\_\_

RESPONSE TEAM MEMBER	POSITION	HOME #	ROLE

***Please submit completed form to your Assistant Superintendent  
by the end of September each year***