



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
SCHOOL MENTAL HEALTH

ATTACHMENT I

CRISIS COUNSELING & INTERVENTION SERVICES

CONFIDENTIAL CRISIS COUNSELING LOG

School: _____ Date: _____

Crisis Counselor: _____ Contact Number: _____

| STUDENT NAME | DOB | GRADE | REFERRED BY |
|---|-----|-------|-------------|
| | | | |
| COMMENTS/REASON SEEN | | | |
| | | | |
| NEEDS FOLLOW-UP? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

| STUDENT NAME | DOB | GRADE | REFERRED BY |
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| COMMENTS/REASON SEEN | | | |
| | | | |
| NEEDS FOLLOW-UP? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

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| COMMENTS/REASON SEEN | | | |
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| NEEDS FOLLOW-UP? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

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