

Annapolis Valley Regional School Board
SCHOOL CRISIS TEAM MEMBERSHIP
 (refer to "Crisis Intervention Guide" binder in your school)

School: _____ School Year: _____

School Phone(s): _____, _____ Fax: _____

Team Leader: _____ Ph (H): _____ Fax: _____		
Alternate Leader: _____ Ph(h): _____ Fax: _____		
Members (School)	Phone #'s	Position

Members (External)	Phone #'s	Position

Signature of Principal

Date