**SUICIDE PREVENTION, INTERVENTION AND POSTINTERVENTION POLICY AND PROCEDURES**

**Preamble**

These policies and procedures establish expectations to keep students safe, and make sure they receive a good education. At ………… (Name of school) we believe the best way to prevent suicide is to use an all-inclusive approach that includes these key components:

* Promote emotional well-being and connectedness among all students.
* Identify students who may be at risk for suicide and assist them in getting help.
* Be prepared to respond to a suicide attempt or death when it occurs.

At ………………. we have mental health and psychological counseling services, suicide and depression awareness programs, including training dormitory resident assistants, custodians, security guards and peers to be on the lookout for troubled students. Off campus students should equally gain from these preventive services. There is need for increased stress-reduction programs to help students manage various types of stress, so it does not become unbearable.

At ….., students, teachers, instructors, administrators, and families will be educated about stigma attached to mental health, which often cause students not to seek help. We operate a system that gives room for students to take a reduced course load or complete alternative assignments, and allowing the student to postpone assignments and exams; especially those having difficulties managing stress.

We promote policies and procedures that permits students to take voluntary leaves of absence for mental health reasons, to promotes enjoyable lifelong physical, social and mental wellness activities among young people.

Suicide is a complicated human behavior. There are various risk factors for suicide especially as they relate to youths. There is need to have a Suicide Prevention Lifeline that is a free 24/7 confidential service that can provide students in suicidal crisis or emotional distress, information, support, and resources.

The ……………….. Crisis Line is a free and confidential resource available to students and staff even if you’re not registered as on campus resident. A trained responder will answer your call.

At …………………the emergency crisis line is …………….

**1. GUIDELINES FOR WHEN THE RISK OF SUICIDE HAS BEEN IDENTIFIED**

The risk of suicide is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because he/she has directly or indirectly expressed suicidal thoughts (ideation or demonstrated other clues or warning signs).

In the event a student has been found or identified as possibly suicidal, please immediately refer the student to one of the following staff members: School Counselor, School Social Worker, School Nurse, School Psychologist, School Administrator or whichever is applicable.

**2. GUIDELINES FOR RESPONDING TO A STUDENT SUICIDE ATTEMPT ON SCHOOL PREMISES**

When a student displays life-threatening behavior or has committed an act of deliberate self-harm on the School Grounds and related premises, an immediate response is necessary. Actions required of the staff person on the scene as well as those of the school administrator must be carefully planned in advance.

**2.1 Procedures for Assisting the Suicidal Student includes:**

A. Keep the student safe and under close supervision. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought.

B. Notify the school administrator or designee who will immediately communicate with designated individuals such as the Dean of Student Affairs, Head of Residence, Crisis Response Team members, emergency medical professionals and law enforcement.

C. School administrator (or designee) will contact the parents/guardians and set up a place to meet them wherever is deemed appropriate.

D. In the event of a student suicide attempt on school grounds, the student should be transported to a local medical facility for evaluation. The school may contact law enforcement as deemed necessary and appropriate.

E. Ensure that a designated school professional:

* follow-up with parents and student regarding arrangements for mental health services and/or medical services;
* establish a plan for periodic contact with the student and/or parent/guardian while away from school; make arrangements if necessary for class work assignments to be completed at home or during treatment.
* If the student is unable to attend school for an extended period of time, determine how to help the student complete his/her requirements.

F. Other school policies that apply to a student's extended absence should be followed.

**2.2 Procedures for Assisting Other Students during a Crisis**

1. During a crisis, the school would follow the appropriate response as dictated by its crisis plan. Experienced or trained staff may be able to help students in the following ways after the crisis has been resolved:

1. Engage them in discussion on how to support each other.
2. Encourage them to express their feelings.
3. Discuss feelings of responsibility or guilt.
4. Talk about fears for personal safety for self and others.
5. Together, list resources for students to get help and support if needed.

2. The Dean or designee activates the School Crisis Team. Activate the School Crisis Plan and mobilize the school-based Crisis Response Team to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copy-cat behavior among susceptible at-risk students.

**3. GUIDELINES FOR A STUDENT SUICIDE ATTEMPT OFF**

**SCHOOL PREMISES**

A suicide attempt off school premises can have a significant impact on the student body. To prevent a crisis from escalating among students, it is important that school personnel follow these steps:

1. Notify the school’s superintendent. If the superintendent cannot be reached, follow the Crisis Team hierarchy to activate the Emergency Response Team and follow all procedures as outlined in the Crisis Plan as appropriate.

2. Other school policies and/or procedures that support a student's extended absence should be followed.

**4. GUIDELINES FOR WHEN A STUDENT RETURNS TO**

**SCHOOL FOLLOWING AN ABSENCE FOR SUICIDAL BEHAVIOR**

Students who have made a suicide attempt are at increased risk to attempt to harm themselves again. Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for their return to school. This involvement helps the student to regain some sense of control. Confidentiality is extremely important in protecting the student and enabling school personnel to render assistance.

Although necessary for effective assistance, it is often difficult to get information on the student's condition. If possible, obtain a signed release from parents/guardians to communicate with the discharging facility and the student's counselor. Meeting with parents about their child prior to his/her return to school is an integral to making decisions concerning needed supports and the student's schedule.

**4.1 Some suggestions to ease a student's return to school are as follows:**

1. Prior to or upon the students return, a meeting between a designated liaison person such as the school counselor, social worker, administrator who is trusted by the student and parents/guardian should be scheduled to discuss possible arrangements for services and to create an individualized re-entry plan.

2. Classroom teachers need to know whether the student is on a full or partial study load and need to be updated on the student's progress in general. They do not need clinical information or a thorough history.

Any number of issues are likely to surface and will need to be considered on a case-by-case basis and addressed at the re-entry planning session. It is very likely that some of the school staff, the family, the mental health professional, and the student will express concerns regarding the transition process.

**5. VERBAL SUICIDAL WARNINGS SIGNS FOR PARENTS, TEACHERS, STAFF, AND PEERS**

If someone you know makes statements like these, he or she could be thinking about suicide.

- "I've decided to kill myself."

- "I've had it; I'm through."

- "I wish I were dead."

- "I've lived long enough."

- “I hate my life.”

- “I hate everyone and everything."

- "The only way out is death."

- “I just can't go on any longer.”

- “You won't be seeing me around."

- "Do you believe in reincarnation? I'd like to come back someday."

- “If I don't see you again, thanks for everything."

- “I'm getting out; I'm tired of life."

- "I'm going to blow my brains out with my dad's gun."

- “The world would be better off without me."

- "Sometimes I just want it to be over with."

Most suicidal youths either directly or indirectly tell others that they plan to kill themselves. Direct threats should be taken seriously, even if they sound overly dramatic or sensational. Few people make serious statements about killing themselves just to be funny. Indirect threats can be difficult to spot because they slip into casual conversation and sound a lot like something you might say when you're feeling embarrassed, tired, and angry or stressed out.

**5.1 RECOGNIZING POSSIBLE SUICIDAL BEHAVIOR IN THE CLASSROOM**

The signs and symptoms of depression and suicidal behavior in adolescents are often observable behaviors first noticed by school personnel. The following lists common changes in classroom behavior, which may reflect serious depression and/or suicidal behavior:

**A. Abrupt Changes in Attendance**

Remain alert to excessive absenteeism in a student with a good attendance record, particularly when the change is sudden.

**B. Dwindling Academic Performance**

Question any unexpected and sudden decreases in school performance. Inability to concentrate is frequently found in depressed adolescents, leading to poor school performance.

**C. Sudden Failure to Complete Assignments**

This may be due to a variety of factors. However, this is often seen in depressed and suicidal youngsters.

**D. Lack of Interest in Activities and Surroundings**

It is difficult to maintain surveillance over so many adolescents. However, one of the first signs of a potentially suicidal student is general withdrawal, disengagement and indifference.

**E. Changed Relationships with Friends and Classmates**

Additional evidence of personal distress or sorrow may be abrupt changes in friendships and social relationships.

**F. Increased Moodiness, Irritability, or Hostility**

Depressed, stressed and potentially suicidal individuals demonstrate wide mood swings and unexpected

displays of emotion. Try to stay alert to times when a student's reactions seem excessive.

**G. Withdrawal and Displays of Sadness**

Teachers sometimes give up on lingering, non-participating students who do not cause problems in the

classroom. Be sure that these students are, in fact, non-participants and not potentially suicidal.

**H. Death and Suicidal Themes Evident in Reading Selections and Written Essays**

The selection of material centering on ideas about death or dying, the worthlessness or worthlessness of life, or matters relating to persons who have died by suicide should be viewed as warning signs for teachers - particularly if this occurs on more than one occasion.

**6. RECOGNIZING POSSIBLE SUICIDAL BEHAVIOR OUT OF THE CLASSROOM**

These signs are likely to be observed in a student's general behavior and do not necessarily mean that someone is considering suicide. They are warning signs and should generate attention.

**Warning Signs:**

1. Neglect/Lack of Concern about Personal Hygiene and Appearance

2. Unusual Changes in Sleeping or Eating Patterns

There may be a noticeable decrease or increase in appetite with significant weight change, sleeplessness, or a desire to sleep all of the time.

3. Overt Sadness and Depression

The young person may often appear sad and depressed and show signs of tension and extreme anxiety.

4. Acting Out Behavior

Behavior may include drug abuse, alcohol abuse, refusal to go to school, sexual promiscuity, running away, fighting, recklessness, purposely hurting one's body, criminal behavior, preoccupation with revenge.

5. Marked Emotional Instability

Distraught students are likely to have wide and unpredictable mood swings. Particular attention should be given to a sudden change in mood from depression to cheerfulness, as if the answer to the problem is now

clear.

6. Remarks Indicating Profound Despair or Misery

Statements might include references to feeling constantly hassled, under stress or unable to concentrate or rest properly.

7. Loss of Interest in Extracurricular Activities

8. Cherished Possessions Being Given Away

Students who do not care about the future or have decided that they will not be around are likely to give

away possessions that they value.

9. Direct Suicide Threats or Attempts

All suicide threats and attempts should be taken seriously. At added risk are students who have threatened or attempted suicide before. In the latter case, the usual inhibitions against hurting themselves have been removed - Especially if there has been:

1. A Recent Loss in Close Relationships

Losses of significant others are misfortunes that adults learn to handle. For young persons, these events can be devastating and can overtax their current coping skills. Examples are death or divorce of parents, losing a close friend, breaking up with a steady partner, and being cut from an athletic team.

1. Heavy Use of Alcohol or Other Drugs

Students who are substance abusers tend to be at higher risk for suicide. Heavy drug and alcohol users are likely to be depressed youngsters who are seeking relief. Eventually, these substances stop working and, in fact, contribute to a greater depression. These substances also contribute to impulsive behavior, which often leads to accidents and suicide.

1. A Recent Suicide in the Family or of a Friend

A recent suicide in the family significantly increases the suicide risk of survivors for the following reasons:

* A pervading sense that they, too, are doomed to die by suicide
* An unbearable grief, depression and/or guilt over the loss of a loved one
* A fear of mental illness; and d) a realization that suicide presents an optional way out of an unwelcome and painfully unhappy life.

**7. GUIDELINES FOR WHEN A STUDENT DIES FROM SUICIDE AND NOTIFICATION TO PARENTS/GUARDIANS**

As with any death or other crisis event, the school should have a crisis team that will be activated after a suicide has occurred. Accurate information is important. Verify the information (e.g., from school administrators, hospitals, family members and/or local authorities). Find out what the family would like to shared and what has already been reported by the media and/or authorities.

Notify teachers and staff prior to students when possible. Avoid the use of any public address systems or large assemblies to make such announcements. Encourage students to seek help from the counseling services office; de-stigmatize and legitimize the importance of mental health services and communication with others who can help. Even when it is okay to be sure to acknowledge the individual who died, avoid romanticizing or glamorizing suicide.

The initial sharing of information of a student death should be reported to staff, students and parents. When a student dies, their families should be notified immediately. It must be done with sensitivity and compassionately especially given the way the death occurred. No phone call to family members, the notification should be done by a small team visiting the homes and should be accompanied by a cleric, psychologist, physician, or close friend.

**8. CHECKLIST FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE**

**8.1 Student with suicidal ideation or crisis on school premises:**

A Staff person who is made aware of someone at-risk for suicide should do the following:

\_\_\_Take any threat seriously/take action immediately

\_\_\_ Contact student services staff/administration about student and concerns.

\_\_\_ Do not leave the student alone.

\_\_\_ Personally escort student to student services staff or set place for them to meet the student (or clear students of the crisis area).

A Student services staff member(s) trained in risk assessment should do the following:

\_\_\_ Interview student on suicide ideation/plan

\_\_\_Ask if the student possess lethal means

\_\_\_Consult with one other student services professional/administrator (depending on severity)

\_\_\_Collect current data on the student (attendance, behavioral, evaluations, etc. from home and school)

\_\_\_ Inform the administration of student situation, risk assessment, and recommended steps

Administration/principal or designee:

\_\_\_Mobilize crisis team if necessary (see crisis team below)

\_\_\_ Contact parents

\_\_\_Notify them of what has happened

\_\_\_Results of risk assessment

\_\_\_Ask to come to school if student is at medium/high risk for suicide

\_\_\_ Discuss steps to be taken with parents (see forms and appendix for resources)

\_\_\_Provide resources

\_\_\_Complete Acknowledgment Form

\_\_\_Provide release for working with mental health professional

\_\_\_Advise on lethal means restriction

\_\_\_ Release student to parents and advise of follow-up

\_\_\_ If low-risk, allow student to go back to class after parent/guardian confirmation that someone will be home when they return from school

\_\_\_ If student appears/suspects of abuse/neglect, call your local health services department; do not call parents.

\_\_\_Call police when

1) student possesses lethal means

2) transportation is needed to hospital or crisis services

\_\_\_ Document actions taken

\_\_\_ Debrief with staff members involved

\_\_\_ Designate someone closest to family to follow-up with parent and student, if student was absent from

school, work on transition back

**8.2 During a Crisis off school premises:**

A designated Staff should be made aware of student crisis/suicide:

\_\_\_ Contact principal/administrator/designee

Principal/Administrator/Designee:

\_\_\_ Verify crisis with police or parents of student

\_\_\_ Mobilize crisis team

\_\_\_Alert principals at schools attended by siblings Crisis team:

\_\_\_ Designate family liaison

\_\_\_Contact family when appropriate

\_\_\_Obtain names of friends of son/daughter that would be affected

\_\_\_Inform them of school procedures

\_\_\_Give list of resources

\_\_\_Restrict lethal means in crisis situation

\_\_\_Establish plan for contact while student is away from school

\_\_\_Start transition of student back to school when appropriate

\_\_\_Make arrangements for classwork assignments

\_\_\_Discuss case among staff that are involved with student

\_\_\_ Designate medical liaison

\_\_\_Work with hospital, families, and school

\_\_\_Limit amount of people at hospital

\_\_\_ Address staff about situation

\_\_\_Provide the facts about the situation

\_\_\_Distribute handouts on how to help students

\_\_\_Discuss how to address students in class if appropriate

**9. Postintervention Checklists**

**9.1. After death of a student to suicide:**

Principal/Administration/Designee:

\_\_\_ Verify the death of student with police/coroner

\_\_\_ Contact family

\_\_\_Express sympathy

\_\_\_Determine how to announce to staff/students

\_\_\_Explore cultural/family beliefs/customs

\_\_\_Encourage funeral to be after school hours

\_\_\_ Convene crisis team

\_\_\_ Inform superintendent/administration of schools where siblings or friends enrolled

\_\_\_ Schedule meeting time/place as soon as possible for de-briefing meeting with staff

\_\_\_Allow for staff to attend funeral/allow for substitutes if during school hours

\_\_\_ Provide information to other families (work with crisis team)

\_\_\_Facts about student death

\_\_\_Warning signs of suicide

\_\_\_What the school is doing to help

\_\_\_How students may respond to grief

\_\_\_Available resources in community and school

\_\_\_ Designate one person as media contact, preferably administrator

\_\_\_Prepare for responding to media

\_\_\_Educate media on how to report on suicide

\_\_\_Be alert to media on school premises

\_\_\_ Be visible in hallways/lunch time with students

\_\_\_ Provide principal secretary/other secretaries with information:

\_\_\_Maintain records of crisis team policy and plan

\_\_\_Follow a script when talking to concerned parents or media

\_\_\_Collect and keep information on events, calls, and releases

\_\_\_Help with information dissemination to staff and parents

\_\_\_Keep impact calendar of events

\_\_\_Remind principal to send thank you message to those who helped in crisis

\_\_\_Take the deceased student’s name off roster, attendance, calling and mailing lists

\_\_\_Permit students to leave school premises only with parental permission and documentation

\_\_\_ Get support for yourself

\_\_\_ Debrief staff, thank everyone involved Crisis Team:

\_\_\_ Meet with school staff to communicate next steps (before students return)

\_\_\_Inform them of facts

\_\_\_Allow time to express grief

\_\_\_Advise as to plan to inform students

\_\_\_Provide with resources/handouts (risk factors, reactions to grief)

\_\_\_Process for students leaving class/school

\_\_\_Who to refer media to

\_\_\_Counseling sites/areas in school and how to refer students

\_\_\_Keep routine/but reschedule tests or any stressful event

\_\_\_Prepare for student questions/concerns

\_\_\_Reassure staff they can do it/you can help

\_\_\_Provide paper & supplies for condolence letters

\_\_\_ Designate family liaison

\_\_\_Coordinate with administration who called family

\_\_\_Visit family

\_\_\_Obtain accurate information from family

\_\_\_Obtain names of friends of son/daughter that may be affected

\_\_\_Inform them of school procedures

\_\_\_Ask about family needs/offer community resources

\_\_\_Attend funeral

\_\_\_Communicate with crisis team the family needs

\_\_\_Gather and deliver student personal items after funeral when arranged with family

\_\_\_ Designate roamers

\_\_\_Monitor students in halls/lunch periods

\_\_\_Escort students to/from crisis center

\_\_\_Talk to students/staff

\_\_\_Relieve teachers who may need to go to crisis room or be alone

\_\_\_Be willing to help in any way

\_\_\_ Call on regional/local mental health agencies/clergy

\_\_\_Help in crisis center

\_\_\_Make aware of student loss

\_\_\_ Provide information to other families (work with administration)

\_\_\_Facts of student loss

\_\_\_Warning signs/risk factors

\_\_\_Resources for school and community

\_\_\_How to help students going through grief

\_\_\_ Compile list of students/staff at-risk

\_\_\_Interview/counsel

\_\_\_Monitor/follow-up

\_\_\_Check attendance log of highly vulnerable students & follow-up

\_\_\_ Designate crisis counseling areas and who to staff them

\_\_\_Document who attends and follow-up

\_\_\_ Staff meeting with students/teachers:

\_\_\_1st hour in individual classes

\_\_\_Read announcement with sensitivity

\_\_\_Share facts not morbid details

\_\_\_Allow students time to express feelings

\_\_\_Explain feelings of grief (handout) and explain own feelings

\_\_\_Give students list of resources (school/community) and school crisis room

\_\_\_Modify lesson plans for time with students

\_\_\_Students will be allowed to attend funeral services with parent consent

\_\_\_Take care of yourself

\_\_\_ Debrief with staff as often as necessary

\_\_\_ Document steps taken/calls made

\_\_\_ Continue on follow-up with students as needed (grief groups, etc.)

\_\_\_ Student Services Staff

\_\_\_Staff crisis rooms – keep record of who attends

\_\_\_Listen to and support staff/students

\_\_\_Clarify information

\_\_\_Encourage expression of feelings

\_\_\_Provide grief information

\_\_\_Be nonjudgmental about grieving methods

\_\_\_Contact parents if necessary (document)

\_\_\_Attend funeral/visitation

**10.** **SCALE FOR ASSESSING SUICIDAL RISKS**

The items in this scale are meant to be guidelines. The scale gives different ways of looking at a person. Its prime purpose is to judge a person’s lethality; i.e., the probability he or she will kill himself/herself.

The first four items are the ones to be immediately concerned about. The rest are important, but the former are the ones that give you the best clues on the level of lethality.

There are no numerical cut-off points for rating, but a score of 9 certainly indicates a high lethality rating.

You can also add your own items depending on the population you work with. Essentially, your clinical judgment is the best measurement and relies on you as a measuring instrument. There is no substitute for the interaction that goes on between you and the student.

**Caution:** *This assessment is to be administered only by a trained and licensed clinician, psychologist or psychiatrist.*

**1. How specific are the ideas? (**0) Abstract and general thoughts, no specific events related to suicide, such as a method(1) Has thought of some specific events or circumstances related to suicide(2) Has considered many specific acts or circumstances related to suicide

**2. Method** (0) Not thought about(1) Possibilities have been considered, but no specific methods picked out(2) Has been definitely chosen

**3. Availability of the method** (0) Has not been purchased; e.g., type of pill not decided or purchased, gun not bought(1) Has been obtained but not readily available(2) Ready immediately; e.g., the gun is in the house

**4. Stage of plan** (0) Nothing ready(1) About to be put into effect(2) Ready

**5. Second source’s opinion on risk of suicide (a family member or close friend)** (0) No chance of committing suicide(1) Will try under certain conditions(2) Definitely will try

**6. Person’s report of intent to commit suicide** (0) Wants to live(1) Is not sure, waiting to see(2) Wants to die

**7. Person’s attitude toward living** (0) Gives good reasons for living(1) Says reasons for dying equal or outweigh reasons for living(2) Sees no reason for living

**8. Person’s feelings about his/her suicidal thoughts** (0) Feels negative about them(1) Is in acute distress or ambivalent about them(2) Accepts them

**9. Person’s sense of control over his/her thoughts** (0) Keeps them under control(1) Is afraid he/she will be driven to do something and wants someone to control him/her(2) No longer makes any attempt to keep suicidal thoughts under control

**10. Frequency of thoughts** (0) Isolated and fleeting thoughts(1) Periods of persistent thoughts(2) Constant and persistent thoughts

**11. Person’s perception of sources of help** (0) Has numerous and reliable sources of help(1) Sources exist, but are few or unreliable(2) Has nowhere to turn

12. Is the person seeking help? (0) Has not sought help because he/she has not felt a need for it (1) Has sought or is seeking help (2) Has not sought help because he/she does not want interference with any plans

**13. Preparations for death** (0) None(1) Has thought about them(2) Planned out or written

**14. Suicide note** (0) Not thought about(1) Considered, but not planned out or written(2) Planned out or written

**15. Thoughts about the future** (0) Definite plans(1) Has mentioned vague plans(2) No plans at all

**16. Alcohol and any other drugs** (0) Not a drug taker(1) Takes drugs socially(2) Continually turning to drugs

**17. Prior attempts** (0) NoneOR(2) Any prior attempts

**18. Believe that they were involved in someone’s death** (0) Do not believe(1) Questioning(2) Definitely believe

**19. Special Day** (0) None at all approaching(1) One approaching(2) Imminent

**Total Score:** \_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) completing assessment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of School) Student Services Staff member to administer the ISO 30 to my child.

The survey results are confidential and will be given to you to share with a clinician or medical provider.

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**10.1 STUDENT SUICIDE RISK DOCUMENTATION FORM**

This form is an example that can be used to document the school’s response to a student who has been identified at risk for suicide. It includes the results of a suicide risk assessment and the actions taken on the student’s behalf.

**STUDENT INFORMATION**

Date student was identified as possibly at risk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian/Tribal Court appointed guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s telephone number(s):

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Court appointed guardian’s telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFICATION OF RISK**

Who identified student as being at risk:

1. Self

2. Parent

3. Teacher

4. Other staff:

5. Student/friend

5. Other:

Reason for concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSESSMENT INFORMATION**

Action taken to assess for suicide risk:

1. School staff [name ] conducted assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Outside provider [name ] conducted assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of assessment conducted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Risk

Type of Incident

- Injury)

-Injury/Cutting

-Associated Factors

**NOTIFICATION OF PARENT/GUARDIAN**

Name of Staff who notified parent/guardian/Tribal Court appointed guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent acknowledgement form signed: Yes\_\_\_\_ No\_\_\_\_\_

If no, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OUTCOME**

Type of referral

1. School personnel:

2. Outsider provider:

3. Hospital:

4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_