



Report of Suicide, Homicide, Self-Injury Intent or Attempt

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

FCPS Form 400-63F
[Regulation 400-63](#)
March 2023

Clear Form

REPORT OF SUICIDE INTENT OR ATTEMPT REPORT OF SELF-INJURY (Filed at the School)

REPORT OF HOMICIDE INTENT OR ATTEMPT

Date: _____ Referred by: Self Teacher Peer Staff Hotline Parent Other

School: _____ Grade: _____

Student Name: _____ Parent/Guardian Name: _____

Address: _____ Phone: _____

Narrative of Concern/presenting issues:

Processed with student/asked about the following (date): _____

- Bullying Homicide Abuse Family Depression LGBTQ Suicide
- Anxiety Relationship Issues Grades

Responses (please check those that apply):

- Parent meeting scheduled(date): _____
- Provided student with hotline numbers and community resources and identified trusted adults
- Referred to the Health Room for self-injury physical assessment(date): _____
- Provided parent with information on community agencies/outside counseling (date): _____
- Emergency Petition (imminent danger to self or others) *(Complete FMH form and send with parent.)*

The Emergency Petition was completed by

FCPS Employee: _____ Name _____ Position _____

Law Enforcement: _____ Name _____ Position _____

Mental Health Professional: _____ Name _____ Position _____
(non-FCPS)

- Involvement of Resource Officer
- Educational material given to family
- Referral to threat assessment & management team
- Discussed with family the importance of preventing access to lethal means in the home (e.g., firearms, medication, knives, etc.) until crisis has passed.

Other

Date Parent/Guardian Notified: _____ Time Parent/Guardian Notified: _____

Parent notification must occur the same day the referral is received by staff.

Parent Comments:

A copy of this form must be saved as a PDF (last name, first name, Grade, School Initials) and emailed to Debbie.Foreman@fcps.org.

This report of suicide/homicide intent has been electronically submitted to the Office of Behavioral Health & Student Services.

Name: _____ Date: _____

A signed copy must be filed with the School Principal.

Signature: _____