

<b>FREDERICK COUNTY PUBLIC SCHOOLS</b>	<b>Reg. No. 400-63</b>
<b>Subject:</b> <b>SUICIDE STATEMENTS BY STUDENTS</b>	<b>Issued:</b> <b>4/27/92</b>
<b>Preparing Office:</b> <b>Office of the Superintendent</b>	<b>Amended:</b> <b>7/1/18</b>

I. Policy

II. Procedures

If a student, either directly or indirectly, conveys intent to commit suicide to a school employee, the following procedure should be followed.

- A. Upon any information conveyed directly or indirectly to a counselor or other staff member regarding the potential for suicide, the staff member shall immediately report the information to the administrator or administrator's designee.
- B. The student will be sent to the counselor, psychologist, or social worker immediately for assessment of lethality and for crisis counseling. If a counselor, psychologist, or social worker is not in the building, the administrator or the administrator's designee will make an assessment of lethality in consultation by telephone with a counselor, psychologist, or social worker. If the conclusion of the assessment is that the student is potentially suicidal, a staff member shall remain with the student until the family or other appropriate person or agency takes the student into custody. If it is determined that the student is not suicidal, the school administrator or the administrator's designee will determine appropriate actions for the release of the student at the end of the school day.
- C. The counselor, psychologist, or social worker will immediately convey the concern to the parents/guardians of the potentially suicidal student and will also complete the Report of Suicide Intent or Attempt form, which is included as Exhibit 1 to this regulation.

D. Mandatory Training

All certificated school personnel who have direct contact with students on a regular basis are required to complete training annually to understand and respond to youth suicide risk and identify professional resources to help students in crisis.

Approved:

*original signed by*

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Theresa R. Alban  
Superintendent

REPORT OF SUICIDE INTENT OR ATTEMPT

REPORT OF SELF-INJURY

Date:

School:

Grade:

Student Name:

Parent/Guardian Name:

Address:

Phone:

Date Parent/Guardian Notified:

Time Parent/Guardian Notified:

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

Parent Comments:

Referred By:  Self  Teacher  Peer  Staff  Hotline  Parent  Other

Narrative of concern/presenting issues:

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

Bullying  Homicide  Abuse  Family  Depression  LGBT  
 Other

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.)*)
- Involvement of Resource Officer
- Educational material given to family
- Other

If appropriate, discuss with family lethal means in the home (e.g., firearms, medication, knives, etc.) until crisis has passed.

This report has been electronically submitted to the Office of Counseling and Student Support by:

Name:

Date:

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*Signed copy must be filed with the School Principal*

Signature: \_\_\_\_\_