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 escorted by a staff member 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, Homicide, Self-Injury 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

Theresa R. Alban
Superintendent
REPORT OF SUICIDE, HOMICIDE, SELF-INJURY INTENT OR ATTEMPT FORM

☐ REPORT OF SUICIDE INTENT OR ATTEMPT
☐ REPORT OF HOMICIDE INTENT OR ATTEMPT

Date: ______
School: ______
Grade: ______
Student Name: ______
Parent/Guardian Name: ______
Address: ______
Phone: ______

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  ☐ 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.)
☐ 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: ______

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

Name: ______          Date: ______

Signed copy must be filed with the School Principal

Signature: ________________________________________________________________

Revised: Nov. 2019