

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

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 SELF-INJURY (Filed at the School)

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.)*

The Emergency Petition was completed by:

FCPS Employee:

Name

Position

Law Enforcement:

Name

Agency

Mental Health Professional (non-FCPS)

Name

Agency

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: _____

Revised: October 2020