



Suicide Intervention Notification

Mr./Ms. _____ parent/guardian of _____

received notification by:

Person

School

Date

By phone _____

By personal conference _____

I have been advised that my child has expressed suicidal thoughts or actions.

____ Expressed suicidal thoughts

____ Expressed suicidal intent

____ Made a suicide attempt

Description of incident:

This is to verify that I have spoken with _____ on _____, concerning my child's suicidal risk. I have been advised to seek the services of a mental health agency or therapist immediately. I understand that any financial obligation associated with a follow-up assessment or treatment is not the responsibility of Garland ISD.

Parent/Guardian Signature

Date

Provide copy to parent
Upload this signed form in Guardian



Home Safety Plan

Student _____ ID# _____ Grade _____

Circle all that apply.

Will you remove access to weapons? Guns Knives Scissors Ropes Other _____

Will you remove access to drugs/meds/alcohol? Yes No

Will you supervise communications? Internet/Social Media Telephone Texting

Will your child go to the emergency room? Yes No

Will you make an appointment for your child? Yes No

Things that I can do to help my child cope:

1. _____
2. _____
3. _____

People I can ask for help:

4. Name: _____ Phone: _____
5. Name: _____ Phone: _____
6. Name: _____ Phone: _____

If I cannot reach people listed above, or I am worried about my child's safety, I will call:

Suicide Crisis Hotline: 988

Crisis Text Line: Text 741741 (store in your phone)

Call 911

Parent/Guardian

Date

When student returns to school, return the form with information completed below.

My child had an appointment with: Psychiatrist Therapist Medical Personnel Other _____

My child was hospitalized: Yes No

Provide copy to parent