



25-26 Suicide Intervention Protocol
Must complete Suicide Protocol in Guardian

Use this form as a paper copy to collect information and parent/guardian signature to upload in Guardian

All employees must report any student expressing the desire to harm self or others. Immediately contact a school counselor or Responsive Services counselor.

Do NOT leave student(s) unattended. Student(s) must be escorted by a staff member.

Student ID# _____ DOB _____ Grade _____ Male _____ Female _____ Other _____
General Ed _____ Special Ed _____ 504 _____ GT _____ Other _____
Campus _____ Date _____
Person completing form _____
First _____ Last _____ Title _____

Evidence of self-harm, i.e., ingested medication, chemical agents, or incurred physical injury?
If yes, immediately contact school nurse. Name: _____

Teacher or other faculty member must immediately accompany student or call counselor or administrator to escort student to office/clinic.
Student must remain under adult supervision at all times. Do not allow student to go to the restroom alone. Do not allow student to ride the bus, walk, or ride with a friend home. Do not return student to class.
Note: If student did not self-refer, locate student immediately. Escort student to counselor or administration office.

Counselor/Administrator Actions

Mention of weapons? Safety concerns? Immediately call 911 or notify SRO. Name: _____
Is bullying alleged? Notify administrator. Name: _____
Is student Special Ed? If yes, notify case manager. Name: _____

How did you become aware of the situation?
___ Student was referred by teacher based on information student shared.
___ Student was referred by another student based on information student shared.
___ Student self-referred.
___ Other (notified by parent, community member, etc.)



	<p>Student made verbal or non-verbal statement(s). Check all that apply.</p> <p> <input type="checkbox"/> Verbal statement to another person <input type="checkbox"/> Posted statement or picture <input type="checkbox"/> Expressed suicidal intent <input type="checkbox"/> Turned in writing or drawing of concern <input type="checkbox"/> Expressed suicidal thoughts <input type="checkbox"/> Expressed suicide attempt </p> <p>Describe the statement(s) or picture/drawing.</p> <p>Notify parent/guardian _____ and request in person meeting by Phone _____ Text _____ Email _____ Date _____</p>
	<p>Student name _____</p> <p>Parent/Guardian name _____</p> <p>Phone number _____</p> <p>Time notified _____ By whom? _____</p> <p>Parent Response _____</p> <p>_____</p> <p>If unable to reach parent(s)/guardian(s) after attempting all listed numbers in Skyward, contact emergency person(s) listed for student.</p> <p>If unable to reach parent/guardian/emergency contact or parent/guardian refuses to come to the school, contact administrator and campus SRO.</p>
	<p>Notify administrator of impending parent /guardian meeting _____ Date _____ Time _____</p> <p>After meeting, student will leave with parent/guardian for the day.</p>
	<p><input type="checkbox"/> Parent signed <i>Suicide Intervention Notification</i> (p.3)</p> <p><input type="checkbox"/> Provided parent <i>Home Safety Plan</i> (p.4)</p> <p><input type="checkbox"/> Provided parent <i>Community Resources</i> (p.5)</p>
	<p><input type="checkbox"/> Student released to parent or guardian. <input type="checkbox"/> Student transported by police/APOWW</p> <p>If student leaves during school hours, notify attendance. Inform administrator of recommendations.</p>
Follow Up	
	<p>Upon student's return to school, seek information from student/guardian and determine if further action is needed. Actions may include:</p> <ul style="list-style-type: none"> Student/Safety Plan Notifying staff members of ways to support Referrals to outside resources Other