

# Tipton Elementary School District



## Suicide Prevention, Intervention, and Postvention Manual

2020-2025

*Board Approved June 9, 2020*

## TABLE OF CONTENTS

Purpose.....	1
Suicide Prevention Education .....	1
Staff Training and Responsibilities.....	1
Suicide Crisis Response Procedures.....	2
Suicide Threat .....	2
Suicidal Act or Attempt on School Grounds or During a School- Sponsored Activity.....	3
Out-of-School Suicide Attempts.....	3
Re-entry Procedure.....	4
Suicide Postvention Procedures.....	5
Memorials .....	6
Appendix A: SUICIDE RISK ASSESSMENT.....	7
Appendix B: PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE.....	25
Appendix C: STUDENT SAFETY CONTRACT.....	26
Appendix D: AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION.....	27
Appendix E: RISK ASSESSMENT SUMMARY.....	28
Appendix F: CLEARANCE to RETURN to SCHOOL.....	29
Appendix G: SUICIDE POSTVENTION PROCEDURES- Administration Checklist..	30
Appendix H: RESOURCES.....	31

## **Purpose**

The Tipton Elementary School District recognizes the need to protect the health, safety and welfare of its students, to promote healthy development, to safeguard against the threat or attempt of suicide among school aged youth, and to address barriers to learning. This manual corresponds with and supports other federal, state and local efforts to provide youth with prevention education, early identification and intervention, and access to all local resources to promote health and prevent personal harm or injury.

## **Suicide Prevention Education**

Students will receive age appropriate lessons and presentations delivered by school and itinerant staff during instructional time. These presentations will focus on the importance of safe and healthy choices, as well as help-seeking strategies for self or others. Warning signs of suicidal behavior as well as information about specific resources available to all students at school will also be addressed. Students will be taught not to make promises of confidence when they are concerned about a peer or significant other. Lessons will contain information on comprehensive health and wellness, including emotional, behavioral and social skills development. Students who are in need of intervention will be referred to the school psychologist, principal, or superintendent for screening and recommendations.

## **Staff Training and Responsibilities**

All staff are responsible for safeguarding the health and safety of students. All staff are expected to exercise sound professional judgment, err on the side of caution and demonstrate extreme sensitivity throughout any crisis situation. All school personnel should be informed of the signs of youth depression/suicide through Keenan training.

Staff who instruct seventh and eighth grade students will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.

Additional professional development in risk assessment and crisis intervention will be provided to school counselors, psychologists, and school nurses.

Any staff member who is originally made aware of any threat or witnesses any attempt toward self-harm that is written, drawn, posted on social media, spoken or threatened, will immediately notify the School Psychologist, Principal or Superintendent. Any threat in any form must be treated as real and dealt with immediately. No student should be left alone, nor confidences promised. Thus, in cases of life threatening situations a student's confidentiality will be waived. The District's suicide crisis response procedures will be implemented.

## **Suicide Crisis Response Procedures**

### **Suicide Threat**

**Definition** – *A suicide threat is a verbal or non-verbal communication that the individual intends to harm himself or herself with the intention to die but has not acted on the behavior.*

- a. The staff member who learns of the threat will locate the individual and arrange for or provide constant adult supervision.
- b. The above-mentioned staff member will immediately inform their assigned School Counselor. If the School Counselor is unavailable, the staff member will notify the site administration.
- c. The School Counselor will notify the Principal.
- d. The School Counselor will conduct a threat assessment to determine risk and intervention needed by interviewing the student, and gathering appropriate supportive documentation from teachers or others who witnessed the threat (See *Appendix A*).
  - If the threat is determined to be “medium-high” risk, the School Counselor will contact the Crisis Team (School Nurse, Youth Development Officer, School Counselor).
- e. In situations where a student is assessed at risk for suicide and has been deemed “low” risk, the student’s Parent/Guardian will be informed as soon as practicable by the Principal, Designee, or School Counselor.
  - If the threat is determined to be “medium-high” risk, a member of the Crisis Team will contact the parent to let them know the Community Based Officer/Tulare County Sheriff’s Department will be making contact with their student due to concerns about mental health/safety/danger to self, etc. This will happen before a formal decision is made to transport the student. If the decision is made to transport the student via ambulance to the ER, the CBO/Tulare County Sheriff’s Department will then contact the parent.
- f. If the student has exhibited any kind of suicidal behavior, the Parent/Guardian should be counseled on “means restriction,” limiting the child’s access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child (See *Appendix D*).
- g. If the student is found to be at risk for suicidal behavior and/or emotional distress, a referral will be made to Tulare Youth Services Bureau (559) 688-2043. After a referral is made for a student, the School Counselor shall verify with the Parent/Guardian that follow-up treatment has been accessed. Parents/guardians will be required to provide documentation of care for the student.

\*Through discussion with the student, the Principal or School Counselor will assess whether there is further risk of harm due to Parent/Guardian notification. If the Principal, Designee, or School Counselor believes, in their professional capacity, that contacting the Parent/Guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented (See *Appendix A, Step 4*).

\*Put all recommendations in writing to the Parent/Guardian. This may be through certified mail, email delivery confirmation, a parent/signature “sign off” of recommendations sent home to be returned the next day (See *Appendix B, PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE*).

- Mail the recommendation through certified mail if there is any question or doubt of the Parent/Guardian receiving the recommendations.

\*If parents/guardians refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the School Counselor (or other appropriate school staff member) will meet with the parents/guardians to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of the importance of care. If follow-up care for the student is still not provided, or there is any doubt regarding the child’s safety, the

School Counselor (or other appropriate school staff member) will contact the • Tulare Youth Services Bureau (559) 688-2043 or the Suicide Prevention hotline at 1-800-655-2553.

➤ Provide a file copy of all documentation to the Superintendent.

### **Suicidal Act or Attempt on School Grounds or During a School- Sponsored Activity**

**Definition-** *Suicidal act (also referred to as suicide attempt) – a potentially self-injurious behavior for which there is evidence that the person probably intended to kill himself or herself; a suicidal act may result in death, injuries, or no injuries.*

The first district employee on the scene must call for help from another staff member, locate the individual and follow District emergency medical procedures, such as calling 911.

- a. A staff member must notify the Principal/Superintendent.
- b. Staff members should move all other students out of the immediate area and arrange appropriate supervision. Students should not be allowed to observe the scene.
- c. Principal/Designee will involve the Crisis Team to assist as needed.
- d. Principal/Designee will contact Parent/Guardian and ask them to come to the school or hospital.
- e. The Crisis Team will call for assistance from, as appropriate:
  - Tulare Youth Services Bureau on-call crisis response team at (559) 688-2043
- g. School Psychologist, Principal, or Superintendent will provide the Parent/Guardian and/or ambulance with the *Risk Assessment Summary* page to be given to the treating facility (*Appendix E*).
- h. School Psychologist, Principal, or Superintendent will request written documentation from any treating facilities prior to a student's return to school (*Clearance to Return to School form, Appendix F*).
- i. School Psychologist, Principal, or Superintendent will promptly follow up with any students or staff who might have witnessed the attempt, and contact their parents/guardians. School Psychologist staff will provide supportive counseling and document all actions taken.
- j. The School Psychologist will schedule a Student Study Team (SST)/Individualized Education Plan (IEP)/504 meeting prior to the student returning to school for follow-up and support (see Re-entry Procedures section).
- k. Media representatives should be referred to the Superintendent (or Principal if designated by the Superintendent). School staff should make no statements to the media.

➤ Provide a file copy of all documentation to the Principal.

### **Out-of-School Suicide Attempts**

If a staff member becomes aware of a suicide attempt by a student that is suspected to be imminent in an out-of-school location, the staff member will:

1. Call the CBO and/or emergency medical services, such as 911.
2. Inform the student's Parent/Guardian.
3. Inform the Principal and the Superintendent
4. Principal/Designee will contact the School Psychologist
5. The School Psychologist or Principal will notify the School Nurse.

6. The School Psychologist or Principal will schedule a Student Study Team (SST)/Individualized Education Plan (IEP)/504 meeting prior to the student returning to school for follow-up and support (see Re-entry Procedures section).

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone) until the CBO and/or parents have been contacted.

- Provide a file copy of all documentation to the Principal.
- If attempt occurs during extended vacation period, weekends, the school counselor will follow the steps above as appropriate to the situation.

### **Re-entry Procedure**

A student who threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. Having a streamlined and well planned re-entry process ensures the safety and wellbeing of students who have previously attempted suicide and reduces the risk of another attempt. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school provides them with a voice, sense of control, personal responsibility, and empowerment.

For students returning to school after a mental health crisis (e.g., suicidal ideation, suicide attempt or psychiatric hospitalization), an SST/IEP/504 meeting will be held with: a School Psychologist, the Principal or Superintendent, School Nurse, and teacher(s) will meet with the student's Parent/Guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A School Psychologist or other Designee will be identified to coordinate with the student, their Parent/Guardian, and any outside mental health care providers.
2. Allow accommodations for students to make up work (be understanding that missed assignments may add stress to students).
3. Obtain a written release of information signed by Parent/Guardian.
4. The Parent/Guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others (*Appendix F*).
5. The designated staff person will periodically check in with the student and Parent/Guardian to help the student readjust to the school community and address any ongoing concerns.
6. As determined by the SST/IEP/504 team, referrals to community agencies (Tulare Youth Services Bureau will be made by the School Psychologist, Principal, or Superintendent.
  - Provide a file copy of all documentation to the Principal.

## **Suicide Postvention Procedures**

The Principal will develop an action plan to guide school response following a death by suicide. A meeting of the Principal and Superintendent to implement the action plan will take place immediately following news of the suicide death. The action plan includes the following steps:

- a. Immediately notify, regardless of the day or time,
  - Stacey Bettencourt, Superintendent, at (559) 804-6611
  - Cherie Solian, Principal, at (559) 804-6631
  - Sylvia Rodriguez, School Psychologist, at (559) 250-2162
- b. Verify and obtain as much factual information as possible via the CBO, the Parent/Guardian, or others who may have the facts depending on circumstances. Do not describe the death as a suicide with the general public, parents, staff or students. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

\*All final decisions about whether to share the coroner's findings will be made by the Tipton Elementary School District Superintendent/Designee.

- c. The Principal and Superintendent will use school-based and community resources..
  - The team may call for assistance from:
    - Tulare Youth Services Bureau (559) 688-2043
  - The Principal, Superintendent and the school psychologist, will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The Principal, Superintendent and school psychologist will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. For example, if the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
- d. Promptly collect and safeguard the student's belongings from the desk, any student work or photo or staff belongings from his/her desk (in the event of a staff death). Consult with family members and determine a mutually agreeable date and time to return these belongings in private.
- e. Inform the faculty that a sudden death has occurred using written communication if school has already begun, followed by a staff meeting at the conclusion of the day. If the death occurred in the evening, convene a staff meeting prior to the start of school the next day.
  - Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. The Principal will assist in writing a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. The Principal may also prepare a letter (with the input and permission from the student's

Parent/Guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

- Public address system announcements and school-wide assemblies should be avoided.
- g. Prioritize classrooms and students who will need immediate attention and connect them with the Principal.
- h. The Principal/Designee will ensure the Student Auto-Caller (School Messenger) is turned off
- i. If the student has siblings, the Principal will inform them of the incident
- j. Refer media requests to Stacey Bettencourt, Superintendent.
- k. Do not disclose any information or details to the media.
- l. District administrators will meet with the Principal at the end of the day or days during crisis management activities to insure the exchange of important information, as well as to insure communication and further planning of activities.
- m. The School Psychologist will check in periodically with the family, staff and students to ensure that everyone is supported as much as feasible with the context of the school setting.

### **Actions to Avoid**

- a. Do not announce the death of anyone over the public address system.
- b. Do not hold an assembly program or bring large groups of students together in one place to discuss suicide.
- c. Avoid canceling school, classes or pre-planned activities unless absolutely necessary; students find comfort in following their normal routine when they are under stress, within reason. Discuss with the Principal prior to proceeding with any cancellations.

### **Memorials**

The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral.

It is recognized that grieving individuals need a variety of opportunities to personally express their emotions and reactions to this type of death. Recommendations and ideas for a memorial should be taken into consideration and discussed with the Principal, Superintendent, and psychologist prior to being implemented. Memorials must be carefully and tastefully planned, considering a broad range of responses. A variety of activities may in fact occur to celebrate positive remembrances, and these expressions often vary. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.



## Appendix A

**Tipton Elementary Suicide Risk Assessment**

Student Name	
Staff Name	
Date of incident	
Date referred to school personnel	
Description of intent/Reason for Referral	

The administrator/designee or the designated school site crisis team member will meet with the student to complete a risk assessment. The questions below should not be read to the student, but be used as a guide while assessing the student.

Category	Assessment Questions	Yes	No	N/A
Changes in Behavior or Mood	In the past year has the student ever felt so sad that he/she stopped doing regular activities? <hr/> Has the student demonstrated abrupt changes in behavior? <hr/> Has the student demonstrated recent, dramatic changes in mood?	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Stressors	Has the student ever lost a loved one by suicide? <hr/> Has the student had a recent death of a loved one or a significant loss (e.g.; death of a family member, parent separation/divorce, relationship break-up)? <hr/> Has the student experienced a traumatic/stressful event (i.e. domestic violence, community violence, natural disaster?) Auto accident? <hr/> Has the student experienced victimization or been the target of bullying/harassment/discrimination? Student denies problems with other students.	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/>
Current Ideation	Is the student thinking of suicide now? Denies current thought, but made a statement to another student?			
Plan	Does the student have a plan to harm/kill themselves?			
Means & access	Does the student have the means/ access to kill themselves?			

Past Ideation	Has the student ever had thoughts of suicide? If so, when, how often has the student thought about suicide?			
Previous Attempts	Has the student ever tried to kill themselves (i.e. previous attempts, repetitive self-injury)?			

#### ADDITIONAL/HISTORICAL INFORMATION

Complete only if information is known.

Category	Assessment Questions	Yes	No	N/A
Mental Illness	Does the student have a history of mental illness (i.e. depression, conduct or anxiety disorder)?			
Substance abuse	Does the student have a history of alcohol/substance abuse?			
Protective factors	Does the student have a support system of family or friends at school and/or home?			
	Does the student have a sense of purpose in his/her life?			
	Can the student readily name plans for the future, indicating a reason to live?			
Other Relevant Factors				

## RISK LEVEL/INTERVENTION

This chart is intended to represent a range of risk levels and interventions, not actual determinations.

Risk Level	Risk/Protective Factors	Suicidality	Possible Interventions
High	Psychiatric diagnoses with severe symptoms, or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Developed crisis plan. Give suicide hotline or web link information
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent or behaviors	Outpatient referral, symptom reduction. Give suicide hotline and web link information

## ACTION PLAN:

	Met with student		Contacted Community Based Officer (Tulare County Sheriff's Office)
	Contacted parents		Referred to TESD School Psychologist
	Contacted Principal/Superintendent		TESD Disciplinary Referral if brought dangerous object to school
	Contacted (Principal/Superintendent)		Referred to Tulare Youth Services Bureau Pending Parent signature

## FOLLOW UP NOTES

--

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

**Comprehensive Risk Assessment Questions for Student, Parent, School Staff**  
*School psychologist use only. Ask only the questions that are pertinent to the student.*

Interview Questions: **STUDENT**

**THE THREAT**

1. Do you know why I want to meet with you today?
2. What happened and what did you say? What was your intention in saying that?
3. What are some reasons you might have had which led you to do/say that?
4. How would you do it (carry out the threat)?
5. What would you hope to accomplish in carrying out the threat? How would that affect you?
6. How do you think the school should respond when someone makes a threat like this?
7. What were you feeling at the time and how are you feeling now?

**STRESS**

1. Tell me about things that have been going on lately. Have you been worrying about things?
2. How has school and school work been? Do you worry about it?
3. What is the worst thing that has occurred lately? Has anything else bad happened recently?
4. Is there something you regret or wish you could change?
5. Have there been any significant changes in your family such as sickness, moving, etc.?
6. Are any of your family members in jail?
7. Do you take medications for anything?
8. Have you ever participated in counseling?

**FAMILY**

1. Who do you live with? Has this changed in the past year?
2. Who are you closest to in your family?
3. What do your parents/guardians know about how you're feeling?
4. What do you do after school? Do your parents know where you are or keep track of what you do?
5. How strict are your parents? What do they do when you get in trouble? What was the worst time you got into trouble with your parents?
6. How will your parents react when they find out about this situation?

**MOOD**

1. How has your mood been the last few weeks? Have you felt depressed at times? How bad has it been?
2. Have you felt anxious, nervous, irritable, or short-tempered? How severe?
3. Have you felt like life isn't worth living?
4. Have you ever hurt yourself, such as cut yourself, intentionally?
5. Have you had difficulty sleeping, eating, concentrating, or being alert?
6. Have you been taking any medications to help your mood?

**PSYCHOSIS**

1. Do you ever hear things or see things that others cannot?
2. Have you ever felt like someone was out to get you?
3. Have you ever had any strange fears?

4. Do you feel you have abilities that others do not have, such as reading minds?
5. Do you ever feel disconnected from others or numb, as if you were outside your own body?

### **WEAPONS IN THREAT**

1. You said you were going to \_\_\_\_\_ with a \_\_\_\_\_. Do you have that weapon/means or access to it?
2. Have you ever used that \_\_\_\_\_ before?
3. What do you think would happen if you did use \_\_\_\_\_ to hurt yourself?

### **Access**

1. Do you have a \_\_\_\_\_ or access to \_\_\_\_\_? If so, where is it?
2. Have you ever attempted/used \_\_\_\_\_ before?
3. How would you get \_\_\_\_\_ if you wanted one?
4. What would you do with \_\_\_\_\_ if you had it?

### **BULLYING**

1. Is there anyone who has threatened you or makes you feel afraid?
2. Has anyone teased you, picked on you, beat you up, or pushed you around recently at school or at home?
3. How often does this happen and how have you tried to handle it?

### **AGGRESSION**

1. Are you treated unfairly? By whom? How do you respond?
2. What do you do when you are angry? Has your anger ever gotten you into trouble?

3. Do you get into fights? How often?
4. Have you threatened to harm someone before?
5. Have you thought about what it would be like to badly hurt someone? Have you ever written stories or drawn pictures that are violent?
6. Have you ever intentionally caused fires or damaged your own or others' property?
7. Have you ever hurt an animal intentionally?

**DISCIPLINE HISTORY**

1. When was the last time you got in trouble at school and what happened?
2. Have you ever been suspended or expelled?
3. Have your parents had to come to school because of your behavior?
4. Do you ever cut school or particular classes?
5. Do you feel that the school rules are fair? Has anything been unfair?

**DELINQUENCY**

1. Have you ever been in trouble with the Community Based Officer (CBO) and what happened?
2. Have you ever gone to juvenile court? Why?
3. Have you ever done something that could have gotten you arrested? What was the worst thing? What else?
4. Do you drink alcohol or have you ever? How often? When was the last time?

5. Do you smoke marijuana or do other drugs? How often? When was the last time?

**EXPOSURE TO VIOLENCE**

1. Have you witnessed violence in your neighborhood? Is there a lot of arguing in your home? Has there been physical aggression?
2. Do you know someone who has attempted/committed suicide?
3. What kind of movies and video games do you like? What internet sites do you enjoy?

**PEER RELATIONS**

1. Tell me about your friends. Have you had any trouble with them lately? Who is your best friend?
2. How would your friends describe you?
3. Do you have a boyfriend or girlfriend? How are things going with him/her? Have you had past relationships? What happened in those relationships?
4. Do you have friends who get into trouble?
5. Have you ever joined a gang or been part of a group like a crew, clique, etc.? Have you thought about it?
6. Do any of your friends know about this situation? What did they say? Is there anyone who feels the same as you do?

**COPING SKILLS**

1. What do you do during your free time?
2. What things do you do well?
3. What hobbies or interests do you have? What do you enjoy doing?
4. Have you ever had a problem that you faced that worked out okay and was able to be solved?



5. What do you want for your future?
6. What can we do to help with this situation?

Interview Questions: **PARENT**

*School psychologist or principal use only. Ask only the questions that are pertinent to the family.  
Use as guiding questions to facilitate conversation with family after the threat of suicide has  
been resolved.*

**THREAT OF SUICIDE KNOWLEDGE**

1. What do you know about the threat?
2. Has your child ever talked about things like this before?
3. Does your child have the means to carry out the threat?

**WEAPONS AND MEANS**

1. Do you have a \_\_\_\_\_ in your home? Does your child have access to \_\_\_\_\_ through a source such as other family members?
2. Does your child have access to other weapons/means to hurt themselves?
3. Has your child ever talked about using \_\_\_\_\_ to hurt themselves?
4. Is there a way you can restrict your child's access to \_\_\_\_\_?

**MENTAL HEALTH**

1. How has your child's mood been recently?
2. Has he/she ever talked about hurting himself/herself? Have you ever been worried that they are suicidal?
3. Has your child ever been in counseling or taken medication for behavior or mood?
4. Has your child received any medical treatment recently? Is he/she taking medications?
5. What are your next steps in helping your child? How can we assist you with getting your child support?

Interview Questions: **TEACHER/SCHOOL STAFF**

*School psychologist or principal use only. Ask only the questions that are pertinent to the family. Use as guiding questions to facilitate conversation with student's teacher(s) after the threat of suicide has been resolved.*

**ACADEMICS**

1. How is the student performing academically? Has this changed recently?
2. What are the student's verbal skills? Is he/she able to express himself/herself?

**THREAT KNOWLEDGE**

1. What do you know about the threat?
2. Has the student talked about things like this before?
3. What have other students said about this situation?
4. Are there any other staff members who might know something about this?

**PEER RELATIONS**

1. Does this student get along well with others?
2. Who are their friends?
3. Do they have peers that they do not get along well with?
4. Have there been other conflicts or difficulties with peers?
5. Has the student ever reported being bullied, teased, or treated unfairly by peers?

**MOOD**

1. Has the student's mood, demeanor, or activity level appeared to change recently? Have they been more withdrawn or apathetic?
2. Have they said anything which makes you think they may be depressed?

3. Has this student been more irritable or short tempered recently?

**DISCIPLINE**

1. What discipline issues have you had with this student?
2. How do they respond to corrections from authority figures?
3. How does he/she respond emotionally to being disciplined?

**AGGRESSION**

1. How does this student express anger?
2. Does he/she seem to hold a grudge or appear resentful?
3. Has he/she done anything to express anger, such as expressed an aggressive theme in writing, drawings, or class projects?

**PARENTS**

1. Have you had contact with the student's parents? What was this like?

## Check List for Procedures

### Discuss Current Concerns with Parent(s) and/or Guardian(s)

- ☐ Share findings from the assessment with parent(s) or guardian(s) and get their input, via interview questions

### Provide Intervention and Support

- ☐ Take action to provide for the student's safety and address current concerns.
- ☐ In all cases you must provide referrals for supportive services to parents. List supportive services suggested: Tulare Youth Services Bureau (559) 688-2043
- ☐ *Emergency Conference Notice* must be completed with Parent/Guardian when Parent/Guardian comes to the school to take responsibility for their child.

### Develop a Suicide Prevention Plan for the Student at School (attach additional pages as needed)

Develop this Suicide Prevention Plan in partnership with the student and parent(s) or guardian(s).

---

- ☐ *Student Safety Contract* explained to student and signed by student (please attach).
- ☐ *Emergency Conference Notice* explained to parent and signed by parent (please attach).
  - ☐ Referrals and resources must be provided to parents or guardians.
  - ☐ Discuss safety and home supervision with parents or guardians (access to weapons, drugs, medications).
  - ☐ Release of information forms signed by parents or guardians.
  - ☐ Alert administrator, all support staff, and alert teachers on a need-to-know basis.
  - ☐ Adults that the student can talk to for support (from Safety Contract):  
\_\_\_\_\_
- ☐ Other action:

**PARENTS or GUARDIANS (attach additional pages as needed)**

<input type="checkbox"/> Parents will provide the following supervision and/or intervention:
<input type="checkbox"/> Next Steps_____
<input type="checkbox"/> Parents sign permission to release/share information with:
<input type="checkbox"/> An SST/IEP/504 meeting has been scheduled:

## Develop a Safety Plan for the Student (Re-entry)

Describe follow-up support to be conducted by School Psychologist, Nurse, and/or Community Resources: _____	
Daily or ___ Weekly check-in with (Title/Name _____):	
Provide increased supervision in these settings:	
Modify daily schedule by:	
Behavior Intervention Plan (if needed) _____	
Identify precipitating/aggravating circumstances, and intervene to alleviate tension. Describe:	
<i>Referral to Resource Specialist or Principal to consider possible Special Education assessment, if necessary.</i>	
<i>If Special Education or 504 student, review goals, supports and services.</i>	
Other action:	_____ _____ _____

**Review this Plan with Staff as Indicated and File this Copy**

Send this completed screening to the Principal if the student was 5150 or referred to outside agencies.

FOR OFFICE USE ONLY:

Date reviewed: \_\_\_\_\_

Level of Concern:

Was student hospitalized? \_\_\_\_\_

Feedback to the school:

---

---

---

Date Contacted: \_\_\_\_\_

Contact made to whom: \_\_\_\_\_

Additional Concerns:

---

---

---

Reviewer: \_\_\_\_\_

Date entered into Aeries: \_\_\_\_\_



## PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE

- **Provide supervision for my child at all times and safety proof my home.**

\_\_\_\_\_ I have been advised that I should immediately take my child to a hospital and/or crisis center to be evaluated.

- **Help the school staff create a Suicide Prevention Plan for my child to be used at school.**

- **Contact professionals that can assist me and my child on a private basis:**

*Possible resources include:*

- 1. Tulare Youth Services Bureau (559) 688-2043*
- 2. National Crisis Line, 1-800-784-2433 (1-800-SUICIDE)*

- **Share with the school the names of other professionals helping my child.**

*Sign a release of information form so that school staff and other professionals may share information to benefit my child.*

- **In case of emergency, I should:**

1. *Call 911.*
2. *Call the Tulare Youth Services Bureau at (559) 688-2043 or 1-800-784-2433*
3. *Take my child to a hospital emergency room.*

- I will attend the re-entry meeting on:

- **Date:** \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_\_ am/pm
- **Location:** \_\_\_\_\_

School Staff Signature

Date \_\_\_\_\_

Parent/Guardian Names:

Grade:

**Tipton Elementary School District**  
**STUDENT SAFETY CONTRACT**

I have expressed thoughts about hurting myself. School staff members are concerned and want to support me. I understand that I have a part in keeping myself safe, and I am making this agreement to stay safe.

I, \_\_\_\_\_, agree that I will not try to hurt myself. If I think about hurting myself, I will help myself in the following ways:

- **Get help from an adult immediately:**

*At school, I will talk to:*

1. \_\_\_\_\_, or
2. \_\_\_\_\_, or
3. \_\_\_\_\_

*Outside school, I will talk to:*

1. \_\_\_\_\_, or
2. \_\_\_\_\_, or
3. \_\_\_\_\_

*Call 911 or a Crisis Hotline that is open 24 hours per day:*

- ✓ Tulare Youth Services Bureau (559) 688-2043
- ✓ National Crisis Line, 1-800-784-2433 (1-800-SUICIDE)

- **Not take any alcohol or drugs**

- **I could also do this:** \_\_\_\_\_

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 School Staff Signature

\_\_\_\_\_  
 Date

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

## Appendix D

**Authorization to Release Information**

Tipton Elementary School District  
 370 N. Evans Rd.  
 Tipton, CA 93272

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

*The purpose of this form is to allow the sharing of confidential information between agencies who will or may provide services for myself and my children.*

As the parent/legal guardian of \_\_\_\_\_ (student's name), I hereby authorize only the agencies designated below to release, exchange and redisclose with, and among, each other all confidential information contained within my child's medical, psychiatric, psychological, or educational records (including information within medication prescriptions, physician orders and diagnoses, immunization records, mental health counseling, drug/alcohol information, lab results/x-ray reports, assessment reports, individualized educational programs and team meeting notes and progress reports).

I understand that my authorization includes confidential information that may relate or pertain to myself and/or to my child's other family members. Those other family members include (please provide names and dates of birth):

(AUTHORIZATION BY MINOR WHO IS 12 YEARS OF AGE OR OLDER)

I, \_\_\_\_\_ (minor's name), hereby authorize only the agencies designated below to release, exchange and redisclose with, and among, each other all confidential information contained within my medical, psychiatric, psychological, or educational records (including information within medication prescriptions, physician orders and diagnoses, immunization records, mental health counseling, drug/alcohol information, lab results/x-ray reports, assessment reports, individualized educational programs and team meeting notes and progress reports).

_____ Tipton Elementary School District	_____ Central Valley Regional Center
_____ Tulare Youth Services Bureau	_____ Tulare County Probation Department
_____ Other: _____	_____ Other: _____

I understand that I can revoke this release at any time except to the extent that information has already been requested or obtained with this release. If not revoked earlier, this authorization shall remain effective for no more than one (1) calendar year from the date of signing.

*I understand in signing this authorization that I am voluntarily allowing the release of the confidential information identified above. In doing so, I am waiving provisions of both Federal and State laws that protect confidentiality of mental health treatment, physical health treatment, substance abuse treatment and school records. The records of Child Protective Services, Probation and the Minors Advocates Office are protected from disclosure by WIC 827 and Evidence Code 1040. Information from these agencies may only be obtained by order of the Juvenile Court.*

Parent/Guardian Signature		Date
Minor's Signature (mandatory for children 12 years or older)		Date
Referring Party (acting as witness to the signing of this form)		Date
Referring Party Department/Address		Referring Party Telephone Number

## Appendix E

**Tipton Elementary School District**  
 370 N. Evans Rd.  
 Tipton, CA 93272  
 Phone: (559) 752-4213 Fax: (559) 752-1231

### **Risk Assessment Summary**

Student name: \_\_\_\_\_

Date: \_\_\_\_\_

The above-named student has demonstrated/reported the following warning signs/risks associated with suicidal ideations and/or acts. As a result of these, the student has been referred for emergency mental health assessment by the Principal or Superintendent at

• Please note that this form is for reference purposes only and is meant to provide a summary of information for mental health assessment evaluators. It is in no way meant to serve as a comprehensive assessment.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Suicide note              | <input type="checkbox"/> Reading/writing about death | <input type="checkbox"/> Change in mood            |
| <input type="checkbox"/> Social withdrawal         | <input type="checkbox"/> History of abuse            | <input type="checkbox"/> Drug/alcohol use          |
| <input type="checkbox"/> Previous suicide attempts | <input type="checkbox"/> Self-harm behavior          | <input type="checkbox"/> Family history of suicide |
| <input type="checkbox"/> Other: _____              |  |  |

Student has a plan: ☐ No ☐ Yes: \_\_\_\_\_Student has means to carry out plan: ☐ No ☐ Yes: \_\_\_\_\_

Student reports current level of distress is:

1 (very low)   2   3   4   5 (medium)   6   7   8   9   10 (very high)

This form was completed by:

 \_\_\_\_\_  
 Name and title

 \_\_\_\_\_  
 Phone number

*Appendix F***Tipton Elementary School District**

370 N. Evans Rd.

Tipton, CA 93272

Phone: (559) 752-4213 Fax: (559) 752-1231

**Clearance to Return to School**

Provider/evaluator name (please print): \_\_\_\_\_

License number: \_\_\_\_\_

Agency: \_\_\_\_\_

This document serves to provide documentation that \_\_\_\_\_ (name of student) received a mental health assessment on \_\_\_\_\_ (date) related to risk concerns documented on the Risk Assessment that was completed in connection with a school-based incident. Based on the results of the assessment, it has been determined that the student does not present a danger to himself/ herself or others at this time and is cleared to return to school. As a result of today's interaction:

- ☐ The family plans to follow up with mental health counseling at Tulare Youth Services Bureau
- ☐ The family will follow up with a private provider.
- ☐ The family does not feel that they need to follow up with mental health services.
- ☐

\_\_\_\_\_  
Signature\_\_\_\_\_  
Title\_\_\_\_\_  
Date

**Tipton Elementary School District**  
370 N. Evans Rd.  
Tipton, CA 93272  
Phone: (559) 752-4213 Fax: (559) 752-1231

## **Suicide Postvention Procedures**

### **Administration Checklist**

*This checklist is to serve as a guide only and should be used to help delegate initial steps in postvention response. Additional information and details can be found within the Manual.*

After it has been determined that there has been a death of a student or staff member AND appropriate District personnel have been notified (Superintendent and Principal):

- ☐ Meeting will be held with the Principal and Superintendent to determine and prepare the postvention response.
- ☐ In the event of the sudden death of a teacher, make arrangements for class coverage through the use of a substitute or coverage from other staff members.
- ☐ Inform faculty that a sudden death has occurred via written communication (if school has already begun) followed by a staff meeting at the conclusion of the day. If the death occurred in the evening, hold a staff meeting prior to the start of the next school day.
- ☐ Remove the student from Aeries to prevent auto-dial absence calls from being received by parents.
- ☐ Collect and safeguard student or staff member's belongings from the desk. Consult with family members to return belongings privately.
- ☐ Prioritize classrooms and students who will need immediate attention and connect them with appropriate resources or the Principal.
- ☐ Determine if the student had siblings at other schools and inform them of the incident.

See the Suicide Postvention Procedures section of the Suicide Prevention, Intervention, and Postvention Manual for additional information and details.

*Appendix H***LOCAL RESOURCES**

***Tulare Youth Services Bureau***  
***1-559-688-2043***

**NATIONAL RESOURCES**

***National Suicide Prevention Lifeline***  
***1-800-273-8255 (TALK)***

***National Suicide Prevention Lifeline via TTY***  
***1-800-799-4889***

***Crisis Text Line***  
***Text “HOME” to 741-741***

***The Trevor Project***  
***Lifeline: 1-866-488-7386***  
***Text: Text "Trevor" to 1-202-304-1200***