

Sweet Home School District Guide to Youth Suicide Prevention, Intervention, & Postvention Procedures

June
2022

Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel, and to increase the safety of at-risk youth and entire school community.

This document is intended to help school staff understand their role and to provide accessible and effective tools. This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations, whose staff members may be called upon to deal with crisis on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

Sweet Home School District Policy JHH – Readopted July 13, 2020

Student Suicide Prevention The district shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

[The district may consult with state or national suicide prevention organizations, the Oregon Department of Education (ODE), school-based mental health professionals, parents, guardians, employees, students, administrators and school boards associations when developing the required plan.]

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;
2. Identification of the school officials responsible for responding to reports of suicidal risk;
3. A procedure by which a person may request the district to review the actions of a school in responding to suicidal risk;
4. Methods to address the needs of high-risk groups, including:
 - a. Youth bereaved by suicide;
 - b. Youth with disabilities, mental illness or substance abuse disorders;
 - c. Youth experiencing homelessness or out of home settings, such as foster care; and
 - d. Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
5. A description of, and materials for, any training to be provided to employees as part of the plan, which must include:
 - a. When and how to refer youth and their families to appropriate mental health services; and
 - b. Programs that can be completed through self-review of suitable suicide prevention materials.

6. Supports that are culturally and linguistically responsive;
7. Procedures for reentry into a school environment following a hospitalization or *behavioral health crisis*,¹ and
8. A process for designating staff to be trained in an evidence-based *suicide prevention program*.²

The plan must be written to ensure that a district employee acts only within the authorization and scope of the employee's credentials or licenses.

The plan must be available annually to the community of the district, including district students, their parents and guardians, and employees and volunteers of the district, and readily available at the district office and on the district website.

¹ "Behavioral health crisis" as defined by Oregon Administrative Rule (OAR) 581-022-2510, means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health.

² ODE will provide a list of available programs

Emergency Contacts

Superintendent's Office 541-367-7637

Terry Martin, Interim Superintendent

Julie Emmert, Secretary

Superintendent's Office Contacts District Office Directors

- Kevin Strong, Business Manager: 541-367-7122
- Thad Holub, Student Services: 541-367-7115
- Barbi Riggs, Teaching and Learning: 541-367-7175
- Darel Bidwell, Transportation: 541-367-7129
- Amber Walker, Food Services: 541-367-7149
- Josh Darwood, Maintenance: 541-367-7636

Designated District Office Staff Contacts Schools and Appropriate Agencies

- Sweet Home Fire (Non-Emergency) 541-367-5882
- Sweet Home Police (Non-Emergency) 541-367-5181
- Sweet Home Charter School: 541-367-1833
- Lebanon Community Schools: 541-451-8458/541-259-8909
- East Linn Christian Academy: 541-451-1076
- Central Linn School District: 541-369-2813
- Harrisburg School District: 541-995-6626 x461
- Marcola School District: 541-933-2512
- Little Promises: 541-367-4350
- Boys & Girls Club: 541-367-6421
- City of Sweet Home: 541-367-5128
- LBL ESD: 541-812-2600
- LBCC Sweet Home Campus: 541-367-6901
- Linn County Mental Health: 541-367-3888
- Jackson Street Youth Services: 541-220-2711
- Linn County Juvenile Department: 541-967-3853
- Linn County Crisis Services 541-967-3866 or 800-304-7468
- National Suicide Prevention Lifeline - English 988
- National Suicide Prevention Lifeline - Spanish 988
- TrevorLifeLine (for students identifying as LGBTQ+) 866-488-7386
- National Crisis Textline - Text "HOME" to 741741
- YouthLine (Teen Anxiety & Depression resources) Call 877-968-8491 and, Text "teen2teen" to 839863

It is recommended that staff have cell phone numbers of their immediate supervisor in case of incidents that occur off-campus or during non-school hours.

Glossary of Terms:

Talking about mental health and suicide can be challenging sometimes, even adults don't know how to start the conversation. In this section, you find some terminology that will help normalize the conversation. These definitions are adapted from the Trevor Project's Model School Policy for Suicide Prevention and the Suicide Prevention, Intervention, Postvention manual from Lines for Life and the Willamette ESD.

Flight Team

A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to help support students and staff in the event of a crisis or death.

Mental Health

Someone's state of being in regards to their emotions and feelings. Everyone has mental health. Mental health is a spectrum and can present strengths and challenges at all stages of life.

Protective Factors

Protective factors are a part of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.

Risk Factors

Risk factors are parts of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and the environment.

Suicide Response Protocol Assessment

An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff member who has been trained in suicide intervention (e.g. counselor, psychologist, mental health professional).

Self-Harm

Behavior that is self-directed and deliberately results in injury of the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intents, youth you engage in self-harm are more likely to attempt suicide.

Stigma

A mark of shame or a negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities. Mental health topics are stigmatized with societal messages such as those that live with mental illness are weak, dangerous, or unstable.

Suicide

Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.
Suicide Attempt
A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or dangerous suicide attempt.
Suicide Contagion/Clusters
The research pattern that suicides in a community tend to put others at risk for suicide. Despite the name, suicidal thoughts are not necessarily 'contagious' to otherwise mentally healthy individuals. Usually suicide contagions occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.
Suicide/Crisis Intervention
The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include written procedures, safety planning, parental involvement, and emergency services.
Suicide Prevention
The intentional steps that your school/district takes to create a culture that encourages positive coping skills, reaching out to help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, staff training, and mental health awareness activities.
Suicide Postvention
Postvention is a crisis response strategy designed to reduce the risk of suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
Suicidal Thoughts or Ideation
Thoughts about killing oneself or ending one's life. These thoughts can range from "I wish I could go to sleep and not wake up" to detailed planning for suicide. ALL thoughts of suicide should be taken seriously.

Quick Notes

- School staff members are frequently the first line of contact in reaching suicidal students.
- Most school personnel are neither qualified nor expected to provide in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained personnel so that they student can be screened and referred if needed.
- Research has shown that talking about suicide or asking someone if they are feeling suicidal will not put the idea in their head or cause them to kill themselves.
- School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show students often know, but do not tell adults, about suicidal peers because they do not know how adults will respond, or they think adults cannot help.
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues.

Promoting Positive Mental Health Messages

Importance of Student Mental Wellness

- To be successful, schools must embrace student mental wellness with the same priority as academics and extracurricular. We can build a community of care that accepts and normalizes the actions and emotions associated with stress, anxiety, frustration, fear of failure, and more. We know that students are trying to manage a lot and many report that they are feeling overwhelmed. Students often have perceived messages that they need to deal with problems alone, or that they cannot trust the adults in their life. We know that as mental health declines, so do grades, school connectedness, and positive school engagement. We believe that teens are strong, resilient, and can learn healthy coping skills. Students thrive when they know their own capacity, better understand their mental health, and most importantly, know it is okay to ask for help.

Promoting Mental Wellness

- We believe schools have the power to reduce stigma and increase students' sense of wellbeing. We can ensure that students know where and how to get help when they need it without feeling the shame and guilt often associated with the stigma. An open acceptance that students deserve and need balance in their lives, and a belief that mental health is real and deserves attention is an undercurrent that ultimately pushes schools toward stronger suicide prevention.

Supportive Relationships

- All staff play a role in prevention of youth suicide and promoting ways for students to get help during stressful times. Teachers are empowered to help students that disclose stress and distress and help students learn to identify and assess their mental health symptoms and stressors to get the help they need and deserve.

Suicide Prevention Training:

Staff Education, Training, and Prevention

- Staff are trained annually in QPR - Question, Persuade, Refer – a program that teaches three steps to identify signs that someone is thinking about suicide and how to connect them with help.
- School Counselors are trained in ASIST – Applied Suicide Intervention Skills Training – to provide skilled intervention and safety planning with someone having suicidal thoughts. Sweet Home School District plans to have at least one counselor in every school building with an additional mental health counselor for grades 7-12.
- Sweet Home School District partners with Linn County Mental Health (LCMH) for services and for crisis situations. Vouchers are available, on a limited basis, for families who cannot afford services from LCMH and who do not qualify under the Oregon Health Plan (OHP).
- As June, 2022, All Sweet Home Schools have administrators and staff who are trained in RULER, a systematic and evidence-based approach to social and emotional learning (SEL) developed at the Yale Center for Emotional Intelligence. RULER supports the entire school community in understanding the value of emotions, building the skills of emotional intelligence, and creating and maintaining a positive school climate.
- Staff have access to the district suicide prevention policies and plan.
- A number of staff are trained in conducting Student Threat Assessments.
- PACE Safe Schools training on Youth Suicide Awareness, Prevention, and Postvention.

Student Education and Training

- Elementary schools implement Second Step, a social-emotional learning program with components addressing bullying prevention.
- Elementary schools use the Kelso's Choices program for reducing peer conflict.
- The Junior High health curriculum covers anti-bullying/anti-violence and suicide prevention.
- The High School health curriculum covers suicide awareness and bullying prevention. In addition to health curriculum, the High School conducts an annual school-wide suicide awareness and prevention campaign.

Populations at Elevated Risk for Suicidal Behavior

Youth living with mental and/or substance use disorders

While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Mental disorder, in particular depression or bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia, and psychotic disorders, borderline personality disorder, conduct disorder and anxiety disorders are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.

Youth who engage in self-harm or have attempted

Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent, people who engage in self-harm are at an elevated risk for dying by suicide within ten years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.

Youth in out-of-home settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care are more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.

Youth experiencing homelessness

For youth experiencing homelessness, rates of suicide attempts are more than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth have had some kind of suicidal ideation.

American Indian/Alaska Native (AI/AN) youth

In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than twice that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.

LGBTQIA+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and gender non-conforming) youth

The CDC finds that LGBTQIA+ youth are four times more likely, and questioning youth are three times more likely, to attempt suicide than their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter have reported having made a suicide attempt. Suicidal behavior among LGBTQIA+ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual risk factors such as mental health history, and the fact of being LGBTQIA+, which elevates the risk of suicidal behavior for LGBTQIA+ youth.

Youth bereaved by suicide
Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are at increased risk for suicide themselves.
Youth living with medical conditions and disabilities
A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

Intervention

Suicidal Behavior Risk and Protective Factors

Risk Factors	Protective Factors
• Current plan to die by suicide	• Engaged in effective health and/or mental health care
• Family history of suicide	• Social support
• History of maltreatment/abuse	• Self-esteem
• Exposure to violence	• A sense of purpose and future orientation
• Witnessing/experiencing family abuse	• Problem-solving skills
• Previous attempt	• Healthy coping tools
• Isolation	• Cultural and religious beliefs
• Hopelessness	• Social competence
• History of substance abuse	• Access to multiple intervention/support avenues for help
• History of mental health diagnoses	• Responsibilities
• Trauma	• Academic success
• Limited access to behavioral health care	• School climate
• Chronic illness	• Secure housing and food
• Lack of social support	• Pets (having to care for)
• Access to lethal means	• Sense of duty to others
• LGBTQIA+, Native American, Alaskan Native	• A reasonable safe and stable environment

Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Perceived burdensomeness 	<ul style="list-style-type: none"> • Connectedness to family
<ul style="list-style-type: none"> • Multiple losses in the family 	<ul style="list-style-type: none"> • Connectedness to peers/school
<ul style="list-style-type: none"> • A significant disruption in the family 	<ul style="list-style-type: none"> • Connectedness to trusted adults
<ul style="list-style-type: none"> • Learning difficulties 	<ul style="list-style-type: none"> • Connectedness to community

Suicide Response Protocol

Warning signs that may indicate an immediate danger or threat:
<ul style="list-style-type: none"> • Someone who has already taken action to die by suicide • Someone threatening to hurt themselves or die by suicide • Someone looking for ways to die by suicide - seeking access to pills, weapons, or other means • Someone talking, joking, drawing, or writing about death, dying or suicide
Staff response:
<p>If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student and <u>report it to a school suicide prevention team member (counselor) or administrator right away</u>. If there is imminent danger, call 911. A Suicide Response Protocol Level 1 is performed by a trained school staff member. The screener will do the following:</p> <ul style="list-style-type: none"> • Interview the student using the SHSD Suicide Response Protocol • Complete a Student Safety Plan, if needed • Contact parent/guardian to inform and gather additional information • Determine the need for a Level 2 assessment based on the level of concern and noted risk factors through the Suicide Response Protocol • Consult with another trained screener prior to making a decision regarding a Level 2 • Inform administrator of screening results
Trained school staff members:
<p>Only trained school staff members should act as screeners who perform Level 1 suicide response protocols and safety planning. Examples of trained screener in your school are:</p> <ul style="list-style-type: none"> • School Counselors • Behavior Specialists from LBL ESD • Mental Health therapist from Linn County Mental Health • Drug/Alcohol therapist for Linn County Health Services

Suicide Risk Assessment – Level 1

1. IDENTIFYING INFORMATION

Name _____ School _____ DOB _____

Age _____ IEP/504? _____ Address _____

Parent/Guardian 1 name and phone# _____

Parent/Guardian 2 name and phone# _____

Screener’s name and position _____

Screener’s contact information _____

Who did the screener consult with at the school _____

2. REFERRAL INFORMATION

Who reported the concern? Self Peer Staff Parent Guardian Other

Contact information of reporter _____

What information did the reporter share that raised concern about suicide risk _____

3. STUDENT INTERVIEW

A. Does the student exhibit any of the following warning signs?

- | | |
|--|--|
| <input type="checkbox"/> Written statements, poetry, stories
electronic media about suicide | <input type="checkbox"/> Recent changes in appetite |
| <input type="checkbox"/> Withdrawal from others | <input type="checkbox"/> Family problems |
| <input type="checkbox"/> Preoccupation with death | <input type="checkbox"/> Giving away possessions |
| <input type="checkbox"/> Feelings of hopelessness | <input type="checkbox"/> Current trauma-
(domestic/relational/sexual abuse) |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> A crisis within the past 2 weeks |
| <input type="checkbox"/> Mental health issues | _____ |
| <input type="checkbox"/> Current psychological/emotional pain | <input type="checkbox"/> Stress from gender ID, sexual orientation, |
| <input type="checkbox"/> Discipline problems | <input type="checkbox"/> Other signs _____ |
| <input type="checkbox"/> Conflict with others (friends, family) | _____ |
| <input type="checkbox"/> Recent personal or family loss or change
(death, divorce) | <input type="checkbox"/> Experiencing bullying or being a bully |

Does the student admit to thinking about suicide? Yes No

Does the student admit to thinking about harming others? Yes No

Does the student admit to having a plan? Yes No

If the student has a plan, what is it (how, when, where)? _____

Is the method available to carry out the plan? Yes No
Explain _____

Is there a history of previous gestures or attempts? Yes No
Explain _____

Is there a family history of suicide? Yes No
Explain _____

Has the student been exposed to suicide by others? Yes No
Explain _____

Has the student recently been discharged from psychiatric care? Yes No
Date _____
Explain _____

B. Does the student have a support system? Yes No

List adults the student can talk to at home _____

List adults the student can talk to at school _____

Additional Supports _____

C. Protective Factors

- Coping and problem-solving skills
- Cultural and religious beliefs that discourage suicide.
- Connections to friends, family, and community support.
- Supportive relationships with care providers.
- Availability of physical and mental health care.
- Limited access to lethal means among people at risk.
- Other _____

4. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted _____ Date of contact _____
Was the parent/guardian aware of the student's suicidal thoughts Yes No
Parent/guardian's perception of the threat _____

5. ACTIONS TAKEN

- Yes No Called 911 (date & time) _____
- Yes No Safety plan created with student
- Yes No Copy of safety plan given to the student, original placed in confidential file
- Yes No Parent/guardian contacted
- Yes No Released back to class after parent/guardian confirmed plan and the follow-up plan was established – Notes _____
- Yes No Released to Parent/guardian
- Yes No Parent/guardian took student to hospital
- Yes No Parent/guardian scheduled mental health evaluation appointment
– Notes _____
- Yes No Provided student and parent/guardian with resource material and contact information.
- Yes No School counselor/school psychologist follow-up set (date & time) _____
- Yes No School administrator notified (date & time) _____

ASSESSMENT OUTCOME

- Limited or No risk factors noted. No further follow-up needed.
Consulted with and approved by 1. _____ 2. _____
- Several risk factors noted but no imminent danger. Completed safety plan.
Follow-up with student (date & time) _____
- Several risk factors noted and referred for a Suicide Risk Assessment – Level 2
Linn Co Mental Health 541-967-3866 (telephone triage)

School Safety Plan

Student Name: _____ Grade: _____ Date: _____

List identified stressors and triggers at school: _____

List identified stressors and triggers outside of school: _____

SCHOOL SAFETY PLAN: (please check all that apply and explain in space provided)

- Daily check-ins with a trusted adult. Identified adult: _____
- Adjusting the schedule: _____
- Breaks for student: _____
- Have parent/guardian/student sign Release of Information with mental health counselor
- Have parent/guardian call weekly for check-in. Agreed upon day of week and time: _____
- Connect student with group or club: _____
- Other: _____
- Other: _____
- Other: _____

Student supports outside of school: _____

Please identify the participants involved in the making of the plan:

Name	Role/Title
Name	Role/Title
Name	Role/Title
Name	Role/Title

*Include a copy of the School Safety Plan with the Suicide Screening in the Confidential File, and keep a copy for your records in a secure and confidential location. **Only distribute as needed to those involved in the safety plan.***

Reentry Procedure

For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a school employed counselor or mental health professional, the principal or designee, will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's safe return to school.

A school employed counselor or mental health professional, or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.

The school will request that the parent or guardian provide documentation from the hospital or mental health provider and/or sign a release of information to allow the school to share information with the hospital or outside mental health provider.

The designated staff person will periodically check in with the student to help the student readjust to the school community and address an ongoing concerns.

Suicide Attempt Post-vention Protocol

Before returning to classes the student and a parent/guardian have met with the building administrator and/or counselor.

Date and time of meeting: _____

Those in attendance: _____

Does the student have an assigned mental health counselor: Yes No

If no, has a referral been made? _____

If yes, who is the counselor? _____

Which organization is the mental health counselor with? _____

Has/will a Release of Information be signed? _____

Does the student have a safety plan for outside of school? Yes No

Please describe:

What do the student and parent/guardian identify as needs for a successful re-entry to school?

Create a School Safety Plan for the student. Use the form available in this document to complete it.

Please check this box if the parent/guardian has declined to attend the re-entry meeting. Allow the student to return to classes, and have them make a safety plan for school with the counselor or other appropriate school personnel. Share the plan with the parent/guardian.

Optional notes:

Parent/Guardian notified: _____ Date: _____

Administrator or counselor signature: _____ Date: _____

Checklist for Reentry

Student Support Recommendations (check all that apply)

- Re-entry meeting with counselor/principal before returning to classes
- 1/2 day (or partial day) for gradual re-entry
- Scheduled check-ins with school counselor/ staff
- Establish peer support group
- Establish link with point person (set person to go to) when needed
- Safe zone - area to regroup as needed
- Access to therapeutic class - mindfulness if offered by school
- Skill building - coping skills to increase frustration tolerance and manage anxiety
- Provide tutoring services when available

Classroom / Assignment Accommodations

- Alternative assignments for specific circumstances
- Advance notice of assignments
- Provide a personalized school schedule
- Permission to submit assignments options -handwritten, typed
- Written assignments in lieu of oral presentations or vice versa
- Assignment assistance or modification
- Extended time to complete assignments
- Printed copies of all notes and board work
- Assisting students by chunking schoolwork, breaking large projects into smaller pieces
- Preferential seating, near door to allow leaving class for breaks
- Arrange with teachers not to call on student unless hand raised
- Assigned classmate as volunteer assistant
- Review directions individually or additional review of assignment
- Water bottle/Beverages permitted in class
- Prearranged or frequent breaks
- Audio or listening options (sound canceling headphones)
- Note taker or photocopy of another student's notes
- Early availability of syllabus and textbooks
- Private feedback on academic performance

Testing Accommodations

- Exams in alternate format (multiple choice to essay; presentation or portfolio)
- Use of assistive computer software (Optical Character Recognition)
- Extended time for test taking
- Exam in a separate, quiet, and non-distracting place
- Other:

Parent/Guardian Acknowledgement of Notice of Suicidal Ideation

This is a sample form that verifies that the parent/guardian has been informed and advised of a student's behavior that was not directly life-threatening but of enough concern for parental/guardian contact. If the meeting is in person, the parent/guardian can sign it, but if the contact is by telephone, mail the form and have the parent/guardian(s) sign it and return it within a specified time frame. Keep a record of every additional attempt for follow through with referral made.

School _____

Parent/Guardian Contact Acknowledgment Form

This is to verify that I have spoken with school staff member, _____ on _____ (date) concerning my child's suicidal ideation. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand a follow-up check by this staff person _____ will be made with my child, the treating agency, and myself within two weeks of this date.

Parent Signature

Date

Counselor/Administrator Signature

Date

Additional contacts made with parents/guardians (date/time)

Parent/Guardian Letter

We are concerned about the safety and welfare of your child. We have been made aware that your child has made statements or gestures and may be suicidal. All expressions of suicidal behavior are taken very seriously within our school district and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

1. Your child needs to be supervised closely. Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The sheriff department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing or disposing of firearms.
2. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly.

a. Insert Counselor Name and Contact Information

3. Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she/they needs. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.
4. We may need to develop a plan to assure that your student feels safe and supported before returning to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.

If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or call the National Suicide Prevention Lifeline (1-800-273-8255). Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

If you have questions or concerns or need further assistance from the school, please contact:

_____ Phone: _____

Suicide Post-vention (after a suicide) Protocol

Regardless of how comprehensive suicide prevention and intervention may be in a school community, not all suicidal behavior will be prevented. It is as equally important to be prepared for prevention and intervention of suicide as it is to be prepared in the event of a suicide, whether a student died of suicide or not.

The school's primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

In the case of a suicide, follow the district Crisis Response Protocol

Key Points (from After a Suicide: A Toolkit for Schools, 2011)

- *Postvention after a suicide, whether a death results or not, is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion (increased risk of suicide themselves).*
- *It is important not to "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media.*
- *It is important to address any deaths in a similar manner. Having one approach for a student who dies from cancer that differs from the approach to a death by suicide reinforces the stigma that surrounds suicide.*
- *The "After a Suicide: A Toolkit for Schools" is your "go to" resource to help you plan, brainstorm ideas, and provide resources/supports to students and their families in the aftermath of a death from suicide.*

REQUEST FOR REVIEW FROM DISTRICT

Procedure by which a person may request the Sweet Home School District to review the actions of a school in responding to suicidal risk.

To request the district to review the actions of a school in responding to suicidal risk, make a written request to the superintendent of schools.