



Suicide Prevention, Intervention, and Postvention Policy Manual

Revised March 2022

TABLE OF CONTENTS

Purpose.....1

Suicide Prevention Education.....1

Staff Training and Responsibilities.....1

Suicide Threat Definition.....1

Suicide Risk Response Procedures.....2

Suicidal Act or Attempt on School Grounds or During a School- Sponsored Activity.....3

Out-of-School Suicide Attempts.....3

Re-entry Procedures.....4

Suicide Postvention Procedures.....4-5

Actions to Avoid.....6

Memorials.....6

Assessment Tools and Forms

(subject to change)

Appendix A: SUICIDE RISK ASSESSMENT PROCEDURES CHECKLIST.....7

Appendix B: RISK ASSESSMENT Forms / COLUMBIA SUICIDE SEVERITY RATING SCALE.....8-10

Appendix C: PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE.....11

Appendix D: STUDENT SAFETY CONTRACT.....12

Appendix E: AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION.....13

Appendix F: CRISIS TEAM ACTIONS/RECOMMENDATIONS.....14

Appendix G: CLEARANCE to RETURN to SCHOOL.....15

Appendix H: SUICIDE POSTVENTION PROCEDURES- Administration Checklist.....16

Appendix I: RESOURCES.....17

Suicide Prevention, Intervention, and Postvention Policy

Purpose

The Reef-Sunset Unified School District (“District”) in recognition of 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, hereby adopts this policy. This policy 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 that will be facilitated by school psychologists and delivered by teachers. 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 are 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 their site School Psychologist or Prevention/Intervention Specialist for screening and recommendations.

Staff Training and Responsibilities

All staff are responsible for safeguarding the health and safety of students. All staff is 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.

All staff 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, American Indian/Alaska Native students, 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 the Crisis Team (school counselors, school psychologist, district registered nurse, etc.)

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 Principal or their Designee. 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 risk response procedures will be implemented.

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.*

Suicide Risk Response Procedures

- a. The staff member who learns of the risk will locate the individual and arrange for or provide constant adult supervision.
- b. The above-mentioned staff member will immediately inform a member of their School Crisis Team; The Crisis Team includes school counselors, school psychologists, district registered nurses, etc. If a member of the school-assigned Crisis Team is unavailable, the staff member will notify any available member of the Crisis Team within the District.
- c. The Crisis Team member will notify the School Site Administrator.
- d. The Crisis Team member will conduct a risk assessment to determine the risk and intervention needed by interviewing the student (See *Appendix B*).
 - If the risk is determined to be “medium-high”, the Crisis Team member will contact the School Resource Officer and if not available, will call 911.
- 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 Crisis Team Member *.
 - If the risk is determined to be “medium-high”, a member of the Crisis Team will contact the parent to let them know the SRO/APD/KCSO 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 to transport the student via ambulance to the ER, the SRO/APD/ KCSO will then contact the parent to let them know.
- 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 E*).
- g. If the student is found to be at risk for suicidal behavior and/or emotional distress a referral will be made to Kings County Behavioral Health. After a referral is made for a student, a member from the Crisis Team 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 (See *Appendix C*).

*Through discussion with the student, the Principal or School Employed Crisis Team member will assess whether there is further risk of harm due to Parent/guardian notification. If the Principal, Designee, or a member of the Crisis Team 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 5*).

*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 C, 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, a member of the Crisis Team (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 an 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 Crisis Team member (or other appropriate school staff member) will contact the Kings County Child Welfare Services at, (559) 852-2000 and/or the Reef-Sunset Unified School District School Resource Officer (SRO).

Provide a file copy of all documentation to the School Psychologist, or Prevention/Intervention Specialist.

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/Designee.
- 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. The Principal/Designee will involve the Crisis Team personnel to assist as needed.
- d. The Principal/Designee will contact the Parent/Guardian and ask them to come to the school or hospital.
- e. The Crisis Team will call for assistance from, as appropriate:
 - Kings County’s on-call crisis response team at (559) 582-4484
 - Kings County Office of Education SELPA Director at (559) 352-5452 or (559) 589-2504.
- f. The Crisis Team will document in writing all actions taken (See Appendix F).
- g. The Crisis Team member will request written documentation from any treating facilities prior to a student’s return to school (*Clearance to Return to School form, Appendix G*).
- h. Crisis Team staff will promptly follow up with any students or staff who might have witnessed the attempt and contact their parents/guardians. Crisis Team staff will provide supportive counseling and document all actions taken.
- i. The Crisis Team member will schedule a Student Study Team (SST)/Individualized Education Plan (IEP)/504 meetings prior to the student returning to school for follow-up and support (see Re-entry Procedures section).
- j. Media representatives should be referred to the appropriate school spokesperson (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 School Psychologist or Prevention/Intervention Specialist

Out-of-School Suicide Attempts

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

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student’s Parent/Guardian.
3. Inform the Principal
4. The Principal/Designee will contact the School Psychologist or Prevention/Intervention Specialist.
5. The School Psychologist or Prevention/Intervention Specialist will notify the other members of the Crisis Team.

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 police and/or parents have been contacted.

Provide a file copy of all documentation to the School Psychologist or Prevention/Intervention Specialist.

Re-entry Procedures

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 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 Crisis Team Member, the Principal or Designee, 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 Crisis Team Member 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 (Appendix E).
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 by supplying discharge documentation from the hospital or Clearance to Return to School form (*Appendix G*).
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 teams, referrals to community agencies (i.e., Kings County Behavioral Health, Kings View, etc.) will be made by a Crisis Team member.

Provide a file copy of all documentation to the School Psychologist or Prevention/Intervention Specialist

Suicide Postvention Procedures

The Crisis Team will develop an action plan to guide school response following a death by suicide. A meeting of the Crisis Team 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, (559-386-9083)
Superintendent,
Executive Director of Learning Services
Coordinator of Special Education
- b. Verify and obtain as much factual information as possible via the school resource officer, 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 Reef-Sunset Unified School District Superintendent/Designee.

- c. A response team using school-based and community resources and the school's service providers that are part of the Crisis Team will be notified and assembled.

The Crisis Team will call for assistance from

- Kings County's Loss Team to 559-852-2444
- Kings County Office of Education SELPA Director at (559) 352-5452 or (559) 589-2504.

The Crisis Team 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 Crisis Team 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 desk or locker, 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 sudden death has occurred using written communication if the school day 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 acknowledgment that its cause is unknown. Inform the faculty that sudden death has occurred, preferably in a staff meeting. The Crisis Team 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 Crisis Team may also prepare a letter (with the input and permission from the student's Parent/Guardian) to send home with students that include 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.

- f. Refer staff to the District's EAP (Employee Assistance Program) through the District Human Resources Department for additional support. In addition, the Kings County Loss Team could provide additional staff resources as needed.
- g. Prioritize classrooms and students who will need immediate attention and connect them with the Crisis Team or other appropriate resources as determined by Student Support Services staff.
- h. The Principal/Designee will ensure the Student Auto-Caller (School Messenger) is turned off
- i. If the student has siblings, the Crisis Team will contact the appropriate school and inform the school of the incident
- j. Refer media requests to the District spokesperson.
- k. Do not disclose any information or details to the media.
- l. School site and District administrators will meet with the Crisis Team at the end of the day or days during crisis management activities to ensure the exchange of important information, as well as to ensure communication and further planning of activities.
- m. The Crisis Team 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 Crisis Team 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 the prevention resources available.

Reef-Sunset Unified School District

SUICIDE RISK ASSESSMENT PROCEDURES

A suicide risk assessment should be initiated **immediately** whenever a *student talks about harming himself/herself, or if there is concern that a student has thoughts about hurting himself/herself*. Do not leave the student unattended by an adult. Do not allow the student to leave the building until this protocol is completely filled out and a plan for ensuring the student's safety is being carried out. The Site Administrator/Principal must be informed. This Suicide Risk Assessment will guide your evaluation, document your concerns, and help you develop a student safety plan.

Student: _____ School: _____

DOB: _____ Student Number: _____ Grade: _____ Age: _____

Parent/Guardian Names: _____ Phone: _____ Date: _____

Step 1: Keep the Student Safe

- Appropriately supervise the student(s).
- If there is imminent danger call 911.

Step 2: Notify the Site Administrator/Principal

- Report the situation to the school principal immediately.

Step 3: Identify Two Staff Members to Complete this Screening

It is required that this assessment process includes two staff members with mental health training. If only one staff member is present to conduct this assessment, they must consult with a second staff member. If these individuals are not available, call the Director of Student Services.

- School Nurse
- School Counselor
- School Employed Mental Health Professional
- School Psychologist
- Other _____

Step 4: Interview and Assess the Student

Use Risk Assessment, Columbia Suicide Severity Rating Scale (Appendix B)

Step 5: Notify the Student's Parent(s) or Guardian(s)

- Parents/guardians have been notified of the situation and that you will be talking to and assessing their child.
- Parents/guardians have been asked to come to the school to discuss the child's needs.
- Parents/guardians have NOT been notified because _____

Step 6: 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.

Step 7: 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:
- Emergency Conference Notice* must be completed with Parent/Guardian when Parent/guardian comes to the school to take responsibility for their child.

Step 8: 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 the student (please attach).

<input type="checkbox"/> <i>Emergency Conference Notice</i> explained to parent and signed by the parent (please attach).

- | |
|---|
| <input type="checkbox"/> Referrals and resources <u>must</u> be provided to parents or guardians. |
|---|

<input type="checkbox"/> Discuss safety and home supervision with parents or guardians (access to weapons, drugs, medications).

- | |
|---|
| <input type="checkbox"/> Release of information forms signed by parents or guardians. |
|---|

<input type="checkbox"/> Alert administrator, all support staff, and alert teachers on a need-to-know basis.
--

Step 9: Review this Plan with Staff as Indicated and File this Copy

Risk Assessment

Warning Signs for Suicide		
<input type="checkbox"/> Suicide notes	<input type="checkbox"/> Family problems	<input type="checkbox"/> Loss of an important person or relationship
<input type="checkbox"/> Making final arrangements	<input type="checkbox"/> Legal problems	<input type="checkbox"/> Family history of suicide
<input type="checkbox"/> Giving away possessions	<input type="checkbox"/> Poor coping skills	<input type="checkbox"/> Friend has attempted suicide
<input type="checkbox"/> Reading or writing about death	<input type="checkbox"/> Limited support system	<input type="checkbox"/> Previous suicide attempts, cutting
<input type="checkbox"/> Sad or depressed affect, hopelessness	<input type="checkbox"/> Increased risk-taking	<input type="checkbox"/> Plan to commit suicide
<input type="checkbox"/> Sexual identity issues or sexual abuse	<input type="checkbox"/> Drug and alcohol use	<input type="checkbox"/> Sense of desperation
<input type="checkbox"/> Social withdrawal or isolation	<input type="checkbox"/> Humiliation or rejection	<input type="checkbox"/> Access to a means to harm self
<input type="checkbox"/> Go Guardian Alert		

Is the child taking any medications? _____

Any known Diagnosis? _____

Is the child currently receiving counseling services (with whom)? _____

Is the child receiving Special Education Services? Disability? _____

Questions for Beginning the Interview—What warning signs initiated the referral? _____

Someone has noticed _____ about you (e.g., an essay, a drawing, a statement). It concerned me and so I wanted to ask you about it. What were you meaning to say? What did you want to happen?

	Past month	
Ask questions that are bolded and underlined.	YES	NO
Ask Questions 1 and 2		
<u>1) Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
<u>2) Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
<u>3) Have you been thinking about how you might do this?</u> E.g. “I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it. ...and I would never go through with it.”		
<u>4) Have you had these thoughts and had some intention of acting on them?</u> As opposed to “I have the thoughts but I definitely will not do anything about them.”		
<u>5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>		

<u>6) Have you ever done anything, started to do anything or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	YES	NO
<u>If YES, ask: Was this within the past three months?</u>		

- **Low Risk**-The student appears to be at low risk for harming himself/herself. The student is in distress but has positive support. The student's concerns and needs may be readily addressed. The student does not appear serious about harming himself/herself, nor have they thought seriously about a means to do so
- **Moderate Risk**-Information suggests medium risk potential. The student is in distress. There is suicidal thinking but the student does not seem intent on harming herself/himself. The problem situation can be resolved and the student appears able to use some coping skills. The student's suicidal thinking is concerning but they are not expressing a clear intent to harm herself/himself. The student is open and responsive to support, or already has sufficient support
- **High Risk**- Information suggests high-risk potential. The student is in significant distress. There is clear suicidal thinking and warning signs are present. The student's coping skills and social support are limited or compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or committing suicide. There is a need for immediate intervention and possibly hospitalization.

<u>Possible Interventions for Low-Risk</u>	<u>Possible Interventions for Medium-High Risk Situations</u>
<ul style="list-style-type: none"> <input type="checkbox"/> Parent to take their child for immediate intervention with a health care provider <input type="checkbox"/> STUDENT SAFETY CONTRACT (Appendix D) <input type="checkbox"/> Referral to School-Based Mental Health 	<ul style="list-style-type: none"> <input type="checkbox"/> Notify RSUSD Crisis Team <input type="checkbox"/> Contact the School Resource Officer if available, or call Avenal Police non-emergency at 559-386-4444. <input type="checkbox"/> Parent/s to come to school and take their child for immediate intervention with a health care provider. <input type="checkbox"/> Call 911 if indicated.

**Reef-Sunset Unified School District
PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE**

I have been informed that my child has been expressing suicidal thoughts. School staff members are concerned and want to support my child. I understand that I have a part in keeping my child safe. I have been advised to take the following steps:

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

I will not allow my child to be left alone at this time or allow them access to weapons, drugs, or medications.

I have been advised that I should immediately take my child to a hospital 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. _____, or
2. _____, or
3. *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 Kings County Crisis HotLine at (559) 582- 4484 or 1-800-655-2553 or 211*
3. *Take my child to a hospital emergency room.*

- **I will attend the re-entry meeting on:**

- **Date:** _____ at _____:_____ am/pm
- **Location:** _____

Parent Signature		School Staff Signature
Date		Date

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Names: _____

Reef-Sunset Unified 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:

- ✓ Call the Kings County Crisis HotLine at (559) 582- 4484 or 1-800-655-2553 or 211
- ✓ 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: _____

Reef-Sunset Unified School District
 205 N. Park Ave. – Avenal, CA 93204
 (559) 386-9083 – FAX (559) 386-5303

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION

Name of Student (list other names used)	Date of Birth	
Address of Student	Phone No.	Other Phone No.

I authorize the following individual or organization to disclose the above-named individual’s medical/educational information as described below:

Individual or Organization Disclosing Information	Individual or Organization Receiving Information
Disclosing party Reef-Sunset Unified School District	Receiving party
Address 205 N. Park Ave.	Address
City, State, Zip Code Avenal, CA 93204	City, State, Zip Code
Telephone: Fax (559) 386-9083 – FAX (559) 386-5303	Telephone: Fax
Disclosing party can also receive information: Yes <input type="checkbox"/> No <input type="checkbox"/>	Receiving party can also disclose information: Yes <input type="checkbox"/> No <input type="checkbox"/>

Duration: This authorization shall become effective immediately and shall remain in effect until _____ or for one year from the date of signature if no date is entered.

Revocation: I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization.

Redisclosure: I understand that health information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and it is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand that the confidentiality of the information, when released to a public education agency, is protected as a student record under the Family Education Rights and Privacy Act (FERPA).

Health Info: I understand that authorizing the disclosure of health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form in order to assure medical treatment.

Specify Record(s): Indicate the type of information is to be disclosed:

- Medical Information Medication Information Psychiatric Information Mental Health
 Drug/School Information STD/HIV Test Results Educational Records Other:

I request that the information released pursuant to this authorization be used for the following purpose only:

- Educational Assessment Educational Planning Other: _____

A copy of this authorization is as valid as an original. I understand that I have a right to receive a copy of this authorization for my records.

Signature of Student’s Parent/Guardian	Description of Relationship	Date
--	-----------------------------	------

 Witness

Reef-Sunset Unified School District

Crisis Team Actions/Recommendations

Student: _____ School: _____

DOB: _____ Student Number: _____ Grade: _____ Age: _____

Parent/Guardian Names: _____ Phone: _____

Incident Date: _____ **Incident Location:** _____

Brief Description of Incident: _____

Actions Taken: _____

Recommendations: _____

Crisis Team Member Name/Signature Title Date

Reef-Sunset Unified School District
205 N. Park Ave.
Avenal, CA 93204
Phone: (559) 386-9083 Fax: (559) 386-5303

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 _____
- The family does not feel that they need to follow up with mental health services.
- The family will follow up with a private provider.

Signature

Title

Date

Reef-Sunset Unified School District

205 N. Park Ave.

Avenal, CA 93204

Phone: (559) 386-9083 Fax: (559) 386-5303

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, Executive Director of Learning Services, and/or District Office):

- Assemble the Crisis Team 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 sudden death has occurred via written communication (if the 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 teacher's belongings from desk or locker. Consult with family members to return belongings privately.
- Prioritize classrooms and students who will need immediate attention and connect them with appropriate resources or members of the Crisis Team.
- 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 Policy Manual for additional information and details.

LOCAL RESOURCES

Kings County Behavioral Health (All Insurance)

450 Kings County Dr., Suite 104
Hanford, CA 93230
559-582-3211

KIND Center

1002 N. Douty Street
Hanford, CA 93230
559-235-9239

Central Valley Suicide Prevention Hotline

888-506-5991

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