

Queen City ISD

P.O. Box 128
Queen City, TX 75572
(903) 796-8256

Student Crisis Safety Plan

Student Name:

Campus:

Date of Plan:

Purpose of Plan:

On _____, during a counseling conversation with _____, he/she voiced that he/she wanted to harm himself/herself at school. A risk assessment was completed and the district determined there is a level of threat.

SUICIDE ASSESSMENT

DATE:

NAME OF STUDENT:

NAME OF ASSESSOR:

Description of Treat: (Verbal, Drawing, Writing)		
SUICIDE ASSESSMENT		
Current status: Does the student have current thoughts about hurting himself or herself?	I wanted to talk to you today because [insert description of threat]. Tell me more about that.	
Prior status/attempts: Has the student had prior thoughts about hurting himself or herself?	Have you thought about hurting yourself before?	
Prior attempts: Has the student made previous attempts or been hospitalized?	Have you ever tried to hurt yourself before?	.
Current plan: Does the student have a plan, method, and access (for example, to pills, weapons, bridge)?	Current plan: Does the student have a plan, method, and access (for example, to pills, weapons, bridge)?	

RISK LEVEL: LOW (does not have plan)	<input type="checkbox"/> RISK LEVEL: HIGH (has plan)
<ul style="list-style-type: none"> • If no current plan, can continue his normal routine and his parent will be notified the same day. 	<ul style="list-style-type: none"> • Notify Parents to pick student up as soon as possible. • School personnel provides “line of sight” supervision until the parent is able to pick student up.
Notes about conversations:	

Contact professionals that can assist parent/student Possible resources:

- Cass County Sheriff Department: (903)756-7511
- Queen City Police Department: (903)796-7986
- Christus St. Michael Atlanta Emergency Room: (903)799-3206
- National Crisis Line: 1-800-784-2433
- National Suicide Prevention Lifeline: 1-800-273-8255

If the student is at high risk, provide supervision at all times and safety proof your home.

Do not allow student to be left alone at this time.

Do not allow student access to weapons, drugs, or medications.

The parent is advised to immediately take the student to a hospital to be evaluated.

If uncomfortable transporting student, contact local law enforcement for assistance.

In case of an emergency outside of the school:

- Call 911
- Take the student to a hospital emergency room.

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 local police department or your Student Resource Officer at your child’s school can discuss with your 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.

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 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.

Parent Contact Acknowledgment Form This is to verify that I have spoken with school staff member,

_____ on _____ (date), concerning my
child's suicidal ideation.

I understand I have been advised to seek the services of a mental health agency or therapist immediately:

Parent Signature _____ Date: _____

Faculty Member Signature _____ Date: _____

Other: _____ Date: _____

Additional contacts made with parents/guardians on: